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ABSTRACT

This module is one in a series of thirteen specifically designed to help vocational educators develop the skills needed to function as resource persons to learners enrolled in field-centered competency-based teacher preparation programs. (These learners are persons with appropriate occupational experience and competence who are being prepared as teachers on an inservice basis.) The objective of this module is to help develop skill in assisting learners in obtaining the appropriate various vocational instructional certificates issued in Pennsylvania. Contents include seven learning experiences based on six enabling objectives. A list of outside resources which supplement those contained within the module is presented. Each learning experience contains some or all of the following materials: enabling objective: learning activity (activities), including information sheets, case studies, and self-checks with model answer (as feedback): and optional activity (activities). (YLB)

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ASSIST LEARNERS IN OBTAINING THE VARIOUS VOCATIONAL INSTRUCTIONAL CERTIFICATES ISSUED IN PENNSYLVANIA

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U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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CE 026 536

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Contract 94-8011 (1977-1978)
Contract 86-8809 (1978-1979)
Contract 85-9825 (1979-1980)

FORWARD

This module is one in a series specifically designed to help vocational educators develop the skills needed to function as Resource Persons to learners enrolled in field-centered competency-based teacher preparation programs. Experience has shown that certain of the modules are also useful in preparing prospective vocational supervisors and administrators since the skills upon which they focus are needed by all persons in vocational leadership positions.

Module content is based on current educational theory as such relates to the experiences of Resource Persons who have been serving on the staff of Program VITAL. The program was made operational at Temple University in the fall of 1973 and, therefore, the staff's experience base is quite broad.

Module format is as described in the *Module Development Handbook* (Quinn, et. al., 1977) which was developed at the National Center for Research In Vocational Education, The Ohio State University. This format was prescribed to be followed for modules centering on the professional development of vocational educators.

This effort was sponsored by the Pennsylvania Department of Education and appreciation is expressed to Dr. John Struck, Mr. Kenneth Swatt, and Dr. Carroll Curtis who, from their positions in the Department, obtained support for the effort. Appreciation is expressed to the many vocational educators who were involved in establishing the research base for the modules, writing the modules, or testing them.

Richard A. Adamsky
Project Director

INTRODUCTION

For the most part, teachers are prepared on a pre-service basis and begin their professional careers having had the benefits derived from a balance of experiences in general and professional education. Such persons hold a bachelors degree and provisional certification as they begin teaching.

In vocational education, there has traditionally been a shortage of prepared teachers in a number of occupational areas and thus, it has become necessary to employ persons with appropriate occupational experience and competence and to prepare them as teachers on an inservice basis. In effect, such persons function as teachers while they are receiving their preparation to teach.

Resource Persons are faced with the responsibilities of properly enrolling learners in the correct inservice vocational teacher education programs and providing them with appropriate advice relative to certification and degree requirements.

This module is designed to develop your skill in enrolling and advising learners in inservice vocational teacher education programs.

ABOUT THIS MODULE

Objectives: Terminal Objective: In an actual program situation, assist learners in obtaining the various vocational instructional certificates issued in Pennsylvania. Your performance will be assessed by your Resource Person, using the Resource Person Performance Assessment Form, pp. 155-160 (Learning Experience VII).

Enabling Objectives: 1. After completing the required reading, demonstrate a knowledge of vocational certification and the requirements for obtaining each vocational instructional certificate (Learning Experience I).

2. After completing the required reading, demonstrate the ability to complete all forms associated with the vocational certification program (Learning Experience II).
3. After completing the required reading, demonstrate a knowledge of the requirements for obtaining a Baccalaureate Degree In Education at Temple University, with a Vocational Education emphasis (Learning Experience III).
4. After completing the required reading, demonstrate the ability to complete all forms associated with the Baccalaureate Degree program (Learning Experience IV).
5. After completing the required reading, critique a given Resource Person's performance in planning to conduct a certification orientation session (Learning Experience V).
6. Using the suggested informational lesson plan format from Learning Experience V, prepare a written plan for instructing learners in the requirements for and procedures to follow in order to earn a Baccalaureate Degree at Temple University (Learning Experience VI).

Prerequisites: None

Resources:

A list of outside resources which supplement those contained within the module follows. Check with your Resource Person; (1) to determine the availability and the location of these resources, and (2) to locate additional references.

LEARNING EXPERIENCE I
(Optional)

1. An adviser with experience in vocational instructional certification.

LEARNING EXPERIENCE II
(Optional)

None

LEARNING EXPERIENCE III
(Optional)

1. An adviser with experience in the requirements for the Baccalaureate Degree in Education with a Vocational Education emphasis.

LEARNING EXPERIENCE IV
(Optional)

None

LEARNING EXPERIENCE V
(Optional)

1. Module B-4, Develop a Lesson Plan, from the Professional Teacher Education Module Series. The Center for Vocational Education, The Ohio State University, 1960 Kenny Rd., Columbus, Ohio 43210.
2. An adviser/Resource Person experienced in planning a vocational certification orientation.

LEARNING EXPERIENCE VI
(Optional)

1. An adviser/Resource Person experienced in planning a B.S. degree requirements orientation.

LEARNING EXPERIENCE VII
(Required)

1. An actual program situation in which you can assist learners in obtaining the various vocational instructional certificates issued in Pennsylvania.
2. A Resource Person to assess your competency in assisting learners.

LEARNING EXPERIENCE I

Enabling Objective After completing the required reading, demonstrate a knowledge of vocational certification and the requirements for obtaining each vocational instructional certificate.

Activity You will be reading the information sheet, Vocational Instructional Certification, pp. 6-37.

Optional Activity You may wish to interview an advisor with experience concerning vocational certification.

Activity You will be demonstrating knowledge of the various vocational instructional certificates by completing the Self-Check, pp. 38-43.

Feedback You will be evaluating your competency by comparing your completed Self-Check with the Model Answer, pp. 44-47.

Activity For information regarding vocational instructional certification, read the following information sheet.

VOCATIONAL INSTRUCTIONAL CERTIFICATION

Each year a number of persons leave employment in business and industry to accept teaching positions in vocational education. Such persons come to their new profession with very different backgrounds and often with little or no formal preparation as vocational teachers. Some have been attracted to teaching by friends who are vocational teachers, while others have responded to advertisements in local newspapers. In any case, each must hold one or another teaching certificate to legally function as a vocational teacher. In this learning experience, the various vocational certificates are discussed including certificate requirements, procedures for meeting these requirements, and the programs offered by Temple University which are aimed at meeting these requirements.

I. The Intern Certificate

The Intern Certificate is the initial certificate issued a vocational teacher entering the profession via the occupational experience route. The intern certificate should not be applied for until a full-time teaching position has been secured, since the certificate is valid for only three (3) calendar years (3 years from the date of issuance). This certificate is not renewable. It is issued to applicants who can meet the following requirements:

A. Appropriate Occupational Experience - The applicant must have had sufficient occupational experience in the occupation(s)

he/she will teach. Sufficient experience is taken to mean two years of experience beyond what is needed to fully develop the skills of the occupation. In an apprenticable occupation, this would mean 4 years of an apprenticeship and two years of experience beyond. One's occupational experience must be recorded by the applicant and verified by former employers. This is accomplished by obtaining an Occupational Experience Statement Form from the Certification Secretary in the Department of Vocational Education, College of Education, Temple University, Philadelphia, PA 19122, (215-787-6025). This form must be completed and notarized. Letters from employers of the applicant must accompany this statement and will be on file with the Department of Vocational Education. Further procedures for verification of occupational experience are found on the following Occupational Competency Evaluation Program Information Sheet. A sample of the Occupational Experience Statement is also provided.

TEMPLE UNIVERSITY

DEPARTMENT OF VOCATIONAL EDUCATION — COLLEGE OF EDUCATION

OCCUPATIONAL COMPETENCY EVALUATION PROGRAM INFORMATION

PURPOSE

Temple University is authorized by the Pennsylvania Department of Education to administer the Occupational Competency Evaluation Examination to verify the minimum occupational competency required for all Vocational Instructional Certificates (Section 10-320, Chapter 10, of Regulations of the State Board of Education of Pennsylvania for Certification of Professional Personnel).

The Occupational Competency Examination must be taken by all vocational industrial education students before a vocational intern (initial) certificate can be awarded. The successful completion of this examination is a requirement for vocational certification in Pennsylvania. Persons who have taken the examination previously and who have failed must have the approval of the Chairman of the Department in which they are enrolled before being admitted to a second examination and have completed a minimum of 500 hours of additional experience in the occupation for which they are being evaluated.

REQUIREMENTS FOR ADMISSION TO EXAMINATION

Minimum qualification for admission to the competency examination are high school graduation or equivalent education, and sufficient wage earning experience beyond the learning period for the occupation. The occupation for which competency is to be verified must be one for which a vocational course has been approved by the Pennsylvania Department of Education. The applicant must be currently or previously enrolled in a vocational teacher education program.

1. Complete an 'Application for Occupational Competency Examination' form.
2. Verify education. Transcript of secondary school completion and/or GED scores must be on file with the Department of Vocational Education of Temple University.
3. Verify occupational experience. A notarized 'Record of Occupational Experience' and also letters from employers of the applicant must be on file with the Department of Vocational Education of Temple University. Employers' letters MUST BE SUBMITTED in accordance with the following instructions.
   a. The letter must be written on the business letterhead of the firm or employer and carry the date of writing.
   b. This letter must be mailed by the employer to the Department of Vocational Education.*
   c. The job title, dates of employment, hours worked per week, duties, responsibilities, and the reason for leaving must be indicated in the letter.
   d. The letter should indicate the degree of satisfaction the candidate rendered as an employee.
   e. The letter should be signed by an official of the firm, together with his official title.
   f. Verification of self-employment must include letters from suppliers whom you have dealt with over a period of years. Also, a statement by the applicant of the nature and extent of duties and responsibilities that he personally performe with the names and addresses of five (5) reliable sources who would be willing and able to verify such experience.
   g. In the area of Cosmetology or any of the Health Professions a copy of the applicant's state license is required.

(SEE OTHER SIDE FOR ADDITIONAL INFORMATION)

FEE

The fee for the initial evaluation and examination or reexamination is one hundred fifty dollars ($150). A 'late fee' of twenty-five dollars ($25) will be charged for applications including all supportive data provided after deadline date, but prior to examination or review date. A fee of three hundred dollars ($300) will be charged for examinations and/or evaluations requested on a day other than a regularly scheduled date. A check or money order (not cash) must accompany the application for admission to the examination. If the applicant fails to notify this office of inability to take a scheduled examination within 48 hours of the examination date, the fee is forfeited. If the application is not accepted, the full fee will be refunded.

EVALUATION AND EXAMINATION

The evaluation consists of all documentation outlined in 'Requirements for Admission to Examination', with emphasis on years of experience and abilities outlined in letters of reference.

The examination consists of a written and practical practical part. The examinations deal only with the skills and knowledge involved in occupation for which the candidate is being tested.

INSTRUCTIONS

Persons wishing to take the examination are asked to complete the return the application forms to Department of Vocational Education.*

You will receive an admission form designating where you are to report for each part of the examination. Persons should arrive at the place of examination well in advance of the hour scheduled.

For the written part of the examination, persons should bring a supply of pencils (not pens) and an eraser. All paper will be supplied by the examiner. One handbook, if available for the occupation being examined, may be used during the written examination. No notebook or the like is permitted. The examiner has the right to evaluate whether or not the handbook is properly applicable.

For the practical part of the examination, tools, machines and materials will be supplied by the examiner. When convenient, a person may bring his own tools; for example a draftsman may prefer to use his own instruments. If tools or instruments are brought in by the examinee, the school will not be responsible in case of loss.

INFORMATION AND APPLICATION FORMS

* All requests and correspondence should be made to:

Occupational Competency Testing Coord.
Department of Vocational Education
College of Education, Temple Universit
Philadelphia, PA 19122
ATTN: PAT JANISHECK

OCCUPATIONAL EXPERIENCE STATEMENT

Name (last - first - middle/maiden)

Address (no. - street - city - county - state - zip)

FULL TIME EXPERIENCE

Employer (Name and Location)	Occupation	Nature of Work (What did you do?)	Period of Employment From Mo	From Yr	To Mo	To Yr	Total Yrs	Total Mos	

10

PART TIME EXPERIENCE

Employer (Name and Location)	Occupation	Nature of Work (What did you do?)	Period of Employment From Mo	From Yr	To Mo	To Yr	Total Yrs	Total Mos	

12

14

COMMONWEALTH OF PENNSYLVANIA, County of _____

Applicant personally appeared before me and being duly sworn according to law, deposes and says the foregoing statements are true and correct.

Sworn and Subscribed before me this _____ day of _____, 19 __

Applicant's Signature

Applicant's Name (print or type)

B. Occupational Competence - The applicant must also demonstrate occupational competence. In most occupations, this requires a person to take a written and a performance test. In those occupations requiring a license, the license serves to indicate occupational competence. When making application for the Occupational Competency Test an individual must secure the Application for the Occupational Competency Examination and the NOCTI (National Occupational Competency Test Information) Registration Form, available through the Certification Secretary in the Department of Vocational Education. Once completed, these forms are returned to the Certification Secretary for processing. Samples of these forms follow.

TEMPLE UNIVERSITY
COLLEGE OF EDUCATION
DEPARTMENT OF VOCATIONAL EDUCATION

APPLICATION FOR OCCUPATIONAL COMPETENCY EXAMINATION

Type or Print Clearly _____

Name _____ Phone _____ Date _____

Address _____
Street City State Zip Code

What is your trade? _____ years in trade _____

Have you taken an occupational exam before? _____ Occupation? _____

Are you currently teaching? _____ What School? _____

Have you been given assurance of employment? _____ What School? _____

Upon completion of your occupational competency test, may we release the results to your employer or potential employer? YES_____ NO_____

Signed _____

NOTE! Your signature confirms that you have read this document completely.

CIRCLE the occupation you are expected to teach. Only ONE occupation should be circled.

Air Conditioning
Appliance Repair
Arch. Design Tech.
Automotive Body Repair
Automotive Mechanics
Baker
Brick Masonry
Building Mnt.
Building Trades Constr.
Business Machine Mnt.
Carpentry
Chemical Tech.
Civil Tech.
Commercial Art
Commercial Photography
Computer Tech.
Cook/Chef
Cosmetology
Custodial Services
Dental Assistant
Dental Lab. Tech.
Diesel Mechanics
Drafting, Arch.
Drafting, General
Drafting, Mech.
Dressmaking
Elect. Const./Mnt.
Elect., Industrial-Power
Electrical Technology
Electronics
Electronics Tech.
Fabric Mnt. Services
Health Assistant
Heating
Instrumentation Tech.
Machine Shop
Masonry
Material Handling
Mech.-Design Tech.
Medical Assistant
Medical Lab. Assistant
Metal Fabrication
Metallurgical Tech.
Millwork & Cabinetmaking
Painting & Decoration
Patternmaking
Plumbing
Power Sewing
Printing
Quantity Foods
Radio/TV
Refrigeration
Sheet Metal
Upholstering
Waiter/Waitress
Warehousing
Welding
Other (Specify)_____

Fee for the examination is $150. A 'late fee' of $25 will be charged for applications and supportive data provided after the deadline date. $300 will be charged for specially requested examinations and/or evaluations. CHECK OR MONEY ORDER ONLY NO CASH, PLEASE!!!!
PAYABLE TO: TEMPLE UNIVERSITY

Return this application before:
IT IS THE APPLICANTS RESPONSIBILITY
TO VERIFY THAT ALL SUPPORTIVE DATA
IS COMPLETED !!!!

MAR 03 88

TO: Occupational Competency Testing Coord
Department of Vocational Education
College of Education, Temple Universi
Philadelphia, PA 19122
ATTN: PAT JANISHECK

042 16

(INSTRUCTIONS FOR COMPLETING FORM ON OTHER SIDE)

TEST DATE_____

NOCTI REGISTRATION FORM

Telephone (Home)_____
(Business)_____

1. NAME _____ _____ _____
Last First M.I.

2. ADDRESS _____ _____ _____ _____
Street City State Zip Code

3. SEX:
___Male
___Female

4. DATE OF BIRTH (Numerals)
___ ___ 19___

5. SOCIAL SECURITY NUMBER
___ ___ ___

6. RACE OR ETHNIC GROUP (Optional)
___ American Indian
___ Black/Afro-American/Negro
___ Caucasian/White
___ Chicano/Mexican-American
___ Oriental/Asian-American
___ Puerto Rican
___ Other_____

7. ARE YOU NOW TEACHING? ___ Yes For ___ years
___ No

LEVEL:
___ Sec.
___ Post-Sec.
___ Adult

8. EDUCATION:

	Number of years	Graduated Yes	Graduated No
High School	___	___	___
Vocational School	___	___	___
Vocational Program	___	___	___
Technical High School	___	___	___
Community College	___	___	___
Four-year College	___	___	___
Other_____	___	___	___

9. EXPERIENCE

TOTAL ___ years
Number of places worked ___
Longest time ___ years
Shortest time ___ years
Supervisory Experience ___ years
Number of workers supervised ___

10. NOCTI EXAMINATION YOU PLAN TO TAKE_____ TEST CODE #_____

11. TEST CENTER CODE #_____

12. SIGNATURE_____ Date_____

Fee Paid by: Candidate ___
Institute or Agency___

Signed_____
Area Test Coordinator

PLEASE NOTE: RETURN the top sheet to the Institute Director,
GIVE candidate "Ticket of Admission"

TICKET OF ADMISSION FOR NOCTI EXAMINATION
(Bring this with you to each test session)

Name_____ Social Security #_____ Examination_____

WRITTEN TEST
Date & Time_____ Test Center_____ Address_____

PERFORMANCE TEST
Date & Time_____ Test Center_____ Address_____

Signed_____ Date_____
Area Test Coordinator

— BECAUSE AN INSUFFICIENT NUMBER OF CANDIDATES REGISTERED FOR YOUR OCCUPATION, IT IS NOT POSSIBLE TO GIVE THAT PARTICULAR EXAMINATION AT THIS TIME. WE SUGGEST THAT YOU REGISTER FOR THE NEXT TEST SESSION

DIRECTIONS FOR COMPLETING REGISTRATION FORM

Please use a pen to fill out the registration form and print everything except your signature. Follow the instructions below carefully since it is most important that your file be complete and accurate. Most items are self-evident. However, we would like to call your attention to the following:

ITEM 3. **ADDRESS:** Print the address at which mail will reach you for at least the next six months. All correspondence with you will be directed to the address you list.

5. **SOCIAL SECURITY NUMBER:** Enter it accurately since it will identify all your records concerning the NOCTI Examination.

6. **SELF-DESCRIPTION:** You can omit this if you wish. This item is included only to determine if there is any racial or ethnic bias in the tests. Should you choose to answer, check the box next to the group that best describes you. If you are not in any of these categories, check the line "Other" and fill in the name of your group.

8. **EDUCATION:** If you attended a private trade school or an evening program, describe it as best you can on the line "Other". Fill in the rest of the data requested.

9. **EXPERIENCE:** Round out your years of experience to the date of the test administration.

10. **NOCTI EXAMINATION YOU PLAN TO TAKE:** Print name of examination and enter code number, using the following:

CODE	EXAMINATION	CODE	EXAMINATION	CODE	EXAMINATION
006	Air Conditioning & Refrigeration	018	Civil Technology	020	Machine Trades
001	Air Frame & Power Plant	026	Computer Technology	009	Masonry
012	Architectural Drafting	022	Cosmetology	023	Mechanical Technology
002	Auto Body Repair	004	Diesel Engine Repair	010	Plumbing
003	Auto Mechanic	008	Electrical Installation	019	Printing
035	Building Trades Maintenance	015	Electronics Communications	017	Quantity Food Preparation
024	Cabinet Making & Millwork	014	Industrial Electrician	011	Sheet Metal
007	Carpentry	016	Industrial Electronics	005	Small Engine Repair
		013	Machine Drafting	021	Welding

11. **TEST CENTER CODE:** Enter correct Test Center Code Number, using the following:

CODE	TEST CENTER	CODE	TEST CENTER	CODE	TEST CENTER
058	MINNESOTA, Duluth	021	KENTUCKY, Frankfort	033	PENNSYLVANIA, Philadelphia
001	ALABAMA, Montgomery	022	MASSACHUSETTS, Boston	033	PENNSYLVANIA, Pittsburg
002	ARKANSAS, Little Rock	028	MICHIGAN, Big Rapids	033	PENNSYLVANIA, University Park
005	CALIFORNIA, Los Angeles	048	MISSOURI, Columbia	035	SOUTH DAKOTA, Springfield
010	COLORADO, Fort Collins	019	MONTANA, Havre	054	TENNESSEE, Murfreesboro
046	CONNECTICUT, New Britain	051	NEBRASKA, Kearney	029	TEXAS, Richardson
012	FLORIDA, Tampa	020	NEW JERSEY, New Brunswick	045	UTAH, Logan
015	GEORGIA, Athens	056	NEW MEXICO, Portales	041	VERMONT, Montpelier
016	HAWAII, Honolulu	024	NEW YORK, Buffalo	031	VIRGINIA, Blacksburg
050	IDAHO, Pocatello	026	NEW YORK, New York City	052	VIRGINIA, Norfolk
049	ILLINOIS, Carbondale	027	NORTH DAKOTA, Wahpeton	042	WASHINGTON, Ellensburg
053	ILLINOIS, Chicago	030	OHIO, Columbus	043	WEST VIRGINIA, Montgomery
055	INDIANA, Lafayette	032	OKLAHOMA, Stillwater	047	WISCONSIN, Menomonie
018	IOWA, Ames	044	OREGON, Portland	057	WYOMING, Laramie

060 ALASKA, Anchorage 061 MISSISSIPPI, Hatties-burg 062 MISSISSIPPI, Mississippi State

12. **SIGNATURE:** Write your name as you normally do. DO NOT PRINT.

C. High School Graduate - The applicant must be a high school graduate or successfully demonstrate equivalency via the General Educational Development (GED) Testing Program. Verification of high school education is accomplished by forwarding a photocopy of the high school or GED diploma to the Certification Secretary in the Department of Vocational Education.

D. Enrollment In An Inservice Teacher Education Program - The applicant must be enrolled in an accredited inservice teacher education program pursuing coursework towards the Provisional (Voc.I) Certificate. To initially enroll in an inservice teacher education program offered by the Vocational Education Department at Temple University the applicant should:

1. Secure a Non-Degree Application for the Vocational Certification Program from the Certification Secretary. This application accompanies the Trade Competency Test information packet.
2. Complete the application and return it to the Department of Vocational Education.

Following is a sample of the Non-Degree Application for Vocational Certification Program.

TEMPLE UNIVERSITY of the Commonwealth System of Higher Education
DEPARTMENT OF VOCATIONAL EDUCATION — COLLEGE OF EDUCATION
Philadelphia, Pennsylvania 19122

NON-DEGREE APPLICATION FOR VOCATIONAL CERTIFICATION PROGRAM (Print or type)

Social Security No.	Name; last, first, middle/maiden	Birth date numerically __ __ __ mo. day yr.	___ Male ___ Fema
Home address - number, street, city, state, zip code		Home phone with area code	
My occupation or Trade	Marital status Single _____ Married _____	This application is for year 19____ Fall ____; Spring ____; Summer ____	
Kind of course enrolling for: Undergraduate _____; Graduate _____; Both _____		Department enrolling in _____	
Are you a citizen of the United States of America? Yes _____ No _____		Are you a resident of State of Pennsylvania Yes ____ No _____	

RECORD OF EDUCATION: elementary, secondary, college or other post secondary

Name and location of school	Major Course	Diploma or Degree	Fulltime Parttime	Years attended: From	To	Total time in years

TEACHING EXPERIENCE: Public or private If you have never taught, write "None".

School District	Subject Taught	No. of years	Dates

Occupational competency evaluation requested in:

Have you previously been evaluated for occupational competency? Yes ____ No ____ If yes, what occupation _____

Date _____ University _____

For Departmental use.

Signature of applicant

Date

Return this application to
DEPARTMENT OF VOCATIONAL ED.
College of Education . .
TEMPLE UNIVERSITY
Philadelphia, Pa. 19122

Student number

E. General Requirements - The applicant must also meet the following statutory requirements:

1. Be of good moral character.
2. Obtain a physician's certificate of health (on certificate application).
3. Be at least 18 years of age.
4. Be a United States Citizen.

F. Submitted A Properly Executed Application For Certification - This application form is known as form DEHE 280 and can be obtained through the administration at the applicant's school or from the Certification Secretary in the Vocational Education Department at Temple University. The properly completed DEHE 280 should be forwarded to the Certification Secretary where all materials previously received (i.e., Occupational Experience Statement, Occupational Competency Test Results, High School or GED Diploma, Transcripts, etc.) will become part of the application. This packet is then forwarded to the Department of Education, Harrisburg, PA, where it is reviewed and the Intern Certificate issued, providing all requirements are met.

Following is a sample copy of the DEHE 280 Form.

NOTE: GRADUATES OF NON-PENNSYLVANIA COLLEGES/UNIVERSITIES MUST MAKE APPLICATION ON FORM DEHE-280A.

Detach this section from the application when mailing to: Bureau of Teacher Certification, Department of Education, Box 911, Harrisburg, Pennsylvania 17126

SECTION I. GENERAL INFORMATION FOR COMPLETION OF DEHE-280.

A. The Commonwealth of Pennsylvania requires a nonreturnable fee for credential evaluation and processing of application. All requests for credential evaluation or certificate issuance must be accompanied by a fifteen dollar ($15.00) certified personal check or U.S. Postal Money Order made payable to: Commonwealth of Pennsylvania. Personal checks or cash cannot be accepted. No fee is required when requesting change of name only.

B. Incomplete or incorrectly completed applications will be returned to the sender.

C. The signature of an examining physician (side B-box I) is required on all applications for the initial Pennsylvania certificate. It is not required on subsequent applications.

D. The recommending college code (side A-box 7) should reflect the code number of the college or university recommending the applicant for his or her most recent certificate.

E. Boxes (9 to 16) contain the certificate type and subject area and are to be completed by authorized officials of Pennsylvania colleges or universities only.

F. Colleges or universities recommending an applicant who has completed an endorsement program may request certification only when the applicant holds an appropriate Instructional, Educational Specialist, Provisional or Permanent College Certificate. A copy of the qualifying certificate must accompany the application.

G. **Colleges and Universities with approved programs may:**

1. Recommend for the level I certificate only. Applicant and PDE will assume responsibility of conversion to level II except the vocational instructional II, which requires an institutional recommendation.
2. Recommend an applicant for a Letter of Eligibility, an Administrative I or Supervisory I Certificate. However, the applicant must satisfy the experience requirement before the certificate is issued. Statements of verified and attested service should accompany the application form.

SECTION II. TYPE OF CERTIFICATE REQUESTS-FOR SIDES A and B.

The Instructional Certificate is issued to a person whose primary responsibility shall be direct contact with learners in teaching-learning situations. Example: classroom teacher, teacher of library science (librarian), reading specialist.

The Educational Specialist Certificate is issued to a person whose primary responsibility shall be to render professional service other than classroom teaching. Examples: guidance counselor, school nurse, dental hygienist, school psychologist, home and school visitor, instructional media specialist.

The Supervisory Certificate is issued to a person whose primary responsibility shall be to supervise and direct the pri-

The Supervisory Certificate is issued to a person whose primary responsibility shall be to supervise and direct the activities of professional and non-professional employees. Examples: supervisor of school guidance services, supervisor of science.

The Administrative Certificate is issued to a person whose primary responsibility shall be to direct, operate, supervise and administer the organizational and general education activities of a school. Examples: elementary or secondary principal, director of vocational education.

The Intermediate Unit Program Specialist Certificate is issued at the request of an employing intermediate unit to a person whose responsibility shall be to perform the duties and functions of a locally established professional position as set forth by a description of the position approved by the intermediate unit and the Secretary of Education. The program specialist certificate may be issued only for an area of service in which a certificate does not exist. The program specialist certificate is valid only for the position described in the approved position description and is not transferable to other intermediate units.

The School Program Specialist Certificate is issued at the request of an employing school district or area vocational technical school to a person whose responsibility shall be to perform the duties and functions of a locally established professional position as set forth by a description of the position approved by the local board of directors and the Secretary of Education. The program specialist certificate may be issued only for an area of service in which a certificate does not exist. This certificate may be issued only to persons who hold a valid Instructional or Education Specialist Pennsylvania Certificate. The program specialist certificate is valid only for the position described in the approved position description and is not transferable to other school districts.

The Letter of Eligibility is issued in lieu of a certificate to a person whose formal preparation and experience qualify the person for appointment and commissioning as a District Superintendent, Assistant District Superintendent, Intermediate Unit Executive Director and Assistant Intermediate Unit Executive Director.

The Application for Professional Personnel Certificate is composed of sides A and B. Instructions follow for each type of certificate or transaction desired.

A. INSTRUCTIONAL I OR EDUCATIONAL SPECIALIST I CERTIFICATE

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9). (Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a), (b), (d), (f) through (k) and (m) and have physician complete box (l). (See Section 1-C.)

Recommending dean or Department of Education chairperson of Pennsylvania college shall initial box (q) and complete boxes (r) and (s).

B. ADDITIONAL SUBJECT AREA

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5) and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9).

(Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a) through (k) and (m).

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Recommending dean or Department of Education chairperson of Pennsylvania college shall initial box (q) and complete boxes (r) and (s).

C. SUPERVISORY I AND ADMINISTRATIVE I CERTIFICATE

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9).

(Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a) through (k) and (m). (See Section 1-C)

A copy of the applicant's Pennsylvania professional certificate must be submitted. Recommending dean or Department of Education chairperson of Pennsylvania college shall initial box (q) and complete boxes (r) and (s).

The applicant must provide documentary evidence from a chief school administrator of the five (5) years of satisfactory experience required by regulation for the certificate requested.

D. INTERN CERTIFICATE

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson shall complete boxes (7), (8) and (9).

SIDE B

Applicant shall complete boxes (a) through (k) and (m) and have physician complete box (i). (See Section 1-C.) Recommending dean or Department of Education chairperson shall initial box (p) and complete boxes (r) and (s).

E. VOCATIONAL INSTRUCTIONAL I CERTIFICATE

(Requires approved program completion and institutional recommendation.) Applicant and college official should follow the same instructions provided for Instructional I or Educational Specialist I Certificate requests. (See Section 11-A).

F. CERTIFICATE CONVERSION

Example: Conversion of Intern Certificate to Instructional I Certificate.

SIDE A

Applicant shall complete boxes (1), (2), (3), and (5).

Recommending dean or Department of Education chairperson shall complete boxes (7) and (9).

SIDE B

Applicant shall complete boxes (a) through (k) and (m).

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Recommending dean or Department of Education chairperson shall initial box (q) and complete boxes (r) and (s).

G. EMERGENCY CERTIFICATE

(Official transcripts must accompany application.)

SIDE A

Superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (6), (8), and (17).

Remember: The Emergency Certificate is issued in one subject area only.

SIDE B

Applicant shall complete box (m) and have physician complete box (i). (See Section 1-C.)

Superintendent of schools shall complete boxes (a), (c), (d), (e), (g), (h), (i), (j) and (o).

H. PERMANENT CERTIFICATE, CERTIFICATE RENEWAL AND MASTER'S EQUIVALENT CERTIFICATE

SIDE A

Applicant shall complete boxes (1), (2), (3) and (5).

SIDE B

Applicant shall complete boxes (a) through (k) and (m). (All official transcripts necessary to verify qualifications for certification and a copy of the applicant's Pennsylvania professional certificate must be submitted with application. Applicants for permanent certification, certificate renewal or the equivalent to a Master's Degree Certificate submitting "in-service credits" must provide a letter from their district superintendent attesting to the applicant's satisfactory completion of an in-service program including the number of "in-service credits" earned.)

Superintendent of schools shall complete boxes (n) and (o) in their entirety, except for certificate renewal. (Applicants for the Permanent College, Instructional II, Educational Specialist II, Permanent Standard, Supervisory II, or Administrative II Certificate must have completed three years of satisfactory experience on the certificate in the subject area requested.)

In cases where the applicant has completed experience in more than one school district, documentary evidence of the total number of years of satisfactory experience required for the certificate requested must accompany the application.

I. DUPLICATE CERTIFICATE AND SUBJECT AREA DELETION

SIDE A

Applicant shall complete boxes (1), (2), (3) and (5). Write the word "Duplicate" or "Deletion" in box (5).

SIDE B

Applicant shall complete boxes (a) through (k) and (m). Write the word "Duplicate" in box (j).

When requesting the deletion of a subject or area, the applicant must provide evidence that the Board of School Directors of the employing organization officially approved the requested deletion, or the applicant is not under contract to any Pennsylvania public school district at the time of request.

J. CHANGE OF NAME REQUEST (NO FEE REQUIRED)

SIDE A

Applicant shall complete boxes (1), (2), (3) and (5).

If you are requesting a "Name Change" only, write the words "Name Change Only" in box (5).

In addition, applicant shall provide former name in the box provided.

SIDE B

Applicant shall complete boxes (a) through (k) and (m).

If you are requesting a "Name Change" only, write the words "Name Change Only" in box (j). No fee is required when requesting a "Name Change" only. The applicant will receive a completely new certificate.

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Superintendent of schools shall complete box (o) in its entirety.

(Note: Persons who are not currently employed by a school district must provide a notarized statement which attests to the fact that their name has been changed.)

K. DISTRICT SUPERINTENDENT'S LETTER OF ELIGIBILITY (Requires approved program completion and institutional recommendation.) Applicant and college official should follow the same instructions provided for Administrative I Certificate requests. (See Section II-C.) The Letter of Eligibility experience recommendation must be a letter written by a superintendent of schools specifying the applicant's position title, number of years of satisfactory administrative experience, types of certificates held, duties performed and quality of performance.

L. INTERMEDIATE UNIT EXECUTIVE DIRECTOR'S LETTER OF ELIGIBILITY

Applicant should follow the instructions provided for Administrative I Certificate requests. (See Section II-C.) A college recommendation is not required.

The Letter of Eligibility experience recommendation must be a letter written by a superintendent of schools specifying the applicant's position title, number of years of satisfactory administrative experience, types of certificates held, duties performed and quality of performance.

M. INTERMEDIATE UNIT PROGRAM SPECIALIST CERTIFICATE AND SCHOOL PROGRAM SPECIALIST CERTIFICATE

SIDE A

Intermediate unit executive director or superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (8), and (17).

SIDE B

Applicant shall complete boxes (a) through (k) and (m) and have physician complete box (i). (See Section 1-C.) Intermediate unit executive director or superintendent of schools shall complete box (o).

A copy of the official Pennsylvania Department of Education letter approving the job description of the program specialist position must accompany the application form.

When requesting a School Program Specialist Certificate, a copy of the applicant's Pennsylvania Professional Certificate must be submitted with the application.

When requesting an "I.U. Program Specialist Certificate," a copy of the applicant's Pennsylvania Certificate should be submitted, if the applicant holds certification.

A letter written by the intermediate unit executive director or superintendent of schools attesting that the applicant meets the academic and experience requirements established for the program specialist position must accompany the application form.

N. TEMPORARY LETTER OF CERTIFICATION

(for a Resource Specialist)

SIDE A

Superintendent of Schools shall complete boxes (1), (2), (3), (4), (5), (6), (8), and (17).

SIDE B

Applicant shall complete boxes (a) and (m) and have physician complete box (i). (See Section 1-C.)

Superintendent of Schools shall sign box (o). The superintendent must provide a letter stating that the applicant will serve part-time under the supervision of a certificated teacher and will not exceed 300 clock-hours during a school year.

O. EXCHANGE TEACHER

(Official educational credentials translated into the English language by an official interpreter must accompany the application.)

SIDE A

Superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (6), and (8).

(A Social Security Number can be obtained in advance for employment purposes.)

SIDE B

Applicant shall complete boxes (a) and (m) and have physician complete box (i).

Superintendent shall sign box (o).

In addition, the superintendent must provide a letter stating the name and regular assignment of the district employee who is participating in the exchange program. The superintendent also must provide copies of forms and letters pertaining to the exchange.

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF EDUCATION

B DEHE-280-APPLICATION FOR PROFESSIONAL PERSONNEL CERTIFICATE

DEHE-280 (4/78)

DATE

NOTE: Applications for certification originating at Pennsylvania teacher preparing institutions having program approval status need not be accompanied by transcripts. Applications originating from other sources must be accompanied by all credentials necessary to verify qualifications for certification (official transcripts and letters attesting to experience and competence.) Submit to Bureau of Teacher Certification, Department of Education, Box 911, Harrisburg, Pennsylvania 17126.

LAST NAME | FIRST NAME | MIDDLE INITIAL | MR., MRS., MISS, MS

(a)

NAME OF RECOMMENDING COLLEGE OR UNIVERSITY

SUBJECT AREA(S) IN WHICH YOU HOLD PA CERTIFICATION

(b) (c)

NAME OF UNDERGRADUATE COLLEGE/UNIVERSITY | STATE | DATE GRADUATED

SUBJECT AREA(S) CURRENTLY TEACHING

(d) (e)

NAME OF GRADUATE COLLEGE(S)/UNIVERSITY | STATE | DATE GRADUATED

SUBJECT AREA(S) REQUESTED

(f) (g)

DO YOU HOLD A PA CERTIFICATE? IF "YES", SUBMIT COPY	TYPE OF CERTIFICATE HELD	TYPE REQUESTED (SEE SECTION II OF INSTRUCTIONS)	REQUESTING ADDITIONAL SUBJECT AREA?
(h) ☐ YES ☐ NO	(i)	(j)	☐ YES ☐ NO (k)

HEALTH CERTIFICATE

I certify that I am a physician legally qualified to practice medicine in a state of the United States or its capital; that I have examined and find the above named applicant "neither mentally nor physically disqualified, by reason of tuberculosis or any other communicable disease or by reason of mental disorder from successful performance of the duties of a teacher". (School Code 1209) (MUST BE TUBERCULIN TEST OR X-RAY)

SIGNATURE OF EXAMINING PHYSICIAN | DATE | STATE IN WHICH LICENSED | PHYSICIAN NUMBER

(l)

ATTESTMENT OF APPLICANT

I certify that I am not in the habit of using narcotic drugs in any form or excessive amounts of intoxicating beverages (School Code 1209); am not currently under indictment nor have I been convicted of a criminal offense (if so, supply full information with application); and attest that all information in this application is correct.

SIGNATURE OF APPLICANT | DATE | AREA CODE AND TELEPHONE NUMBER

(m)

RECOMMENDATION OF SCHOOL SUPERINTENDENT

I confirm that the applicant is known and regarded by this school district as a person of good moral character and possesses those personal qualities and professional knowledge and skills which warrant issuance of the requested certificate.

(n)

I certify that the applicant was employed from _____ to _____ and performed satisfactorily on a (type) _____ certificate with primary assignment being * _____ (*If teacher, specify subject matter and grade level; all others, specify position and grade level.) If employe has had a number of positions with this (or other school districts) or is performing in dual or multiple areas, enclose a separate statement of experience and service showing. Period by inclusive dates, kind of certificate under which service was rendered and assignment (position and grade level).

SIGNATURE OF SCHOOL SUPERINTENDENT | NAME OF SCHOOL DISTRICT | ADDRESS

(o)

RECOMMENDATION OF PENNSYLVANIA COLLEGE OR UNIVERSITY

The endorsing signature (of dean of school or college of education or chairperson of the education department) confirms that the applicant is known and regarded by the preparing institution as a person of good moral character and possesses those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate.

(p) ☐ I certify that the applicant has been formally admitted to and is pursuing an approved program of preparation to qualify for a certificate in _____
SUBJECT(S) OR FIELD(S)

(q) ☐ I certify that the applicant has completed an approved program (certification regulation 49.88) to qualify for a certificate in _____
SUBJECT(S) OR FIELD(S)

SIGNATURE OF RECOMMENDING DEAN OR CHAIRPERSON OF EDUCATION DEPARTMENT

SIGNATURE | TITLE | DATE | NAME OF RECOMMENDING COLLEGE

(r) 20 (s)

DEHE-280 (4/78) APPLICATION FOR PROFESSIONAL PERSONNEL CERTIFICATE

DO NOT COMPLETE APPLICATION UNTIL YOU READ INSTRUCTIONS
ACCURACY WILL AVOID DELAY OF CERTIFICATE ISSUANCE

A

LAST NAME | FIRST NAME | M.I. | PDE AND PA COLLEGE USE TRANS CODE | SOCIAL SECURITY NUMBER

MAILING ADDRESS (LINE #1)

MAILING ADDRESS (LINE #2)

CITY | STATE | ZIP CODE

PDE USE: NC | CORRECTED SOCIAL SECURITY NUMBER | REV | SY

BIRTHDATE (MON DAY YEAR) | SEX (M F) | TYPE CERTIFICATE REQUESTED (SEE SECTION II OF INSTRUCTIONS) | HOLD COLLEGE DEGREE? YES NO | PA. COLLEGE USE: RECOMMENDING COLLEGE CODE NUMBER | SCHOOL DISTRICT OR INTERMEDIATE UNIT ADMINISTRATIVE UNIT NUMBER

21

BOXES 9 - 16 TO BE COMPLETED BY PA COLLEGE OR UNIVERSITY OFFICIALS ONLY

9 TYPE | AREA | DATE ISSUED MON YEAR | PDE USE: R/C R/Y

10 TYPE | AREA | DATE ISSUED MON YEAR | PDE USE: R/C R/Y

11 TYPE | AREA | DATE ISSUED MON YEAR | PDE USE: R/C R/Y

12 TYPE | AREA | DATE ISSUED MON YEAR | PDE USE: R/C R/Y

13 TYPE | AREA | DATE ISSUED MON YEAR | R/C R/Y

14 TYPE | AREA | DATE ISSUED MON YEAR | R/C R/Y

15 TYPE | AREA | DATE ISSUED MON YEAR | R/C R/Y

16 TYPE | AREA | DATE ISSUED MON YEAR | R/C R/Y

17 HAVE YOU EVER HAD A CERTIFICATE REVOKED BY THIS OR ANY OTHER STATE? NO YES IF YES, PLEASE ATTACH EXPLANATION

FOR PDE USE: EVALUATOR

IF REQUESTING CHANGE OF NAME, PRINT FORMER NAME HERE

LAST FIRST MIDDLE

25

26

II. The Provisional (Vocational I) Certificate

Once the Intern Certificate has been obtained the intern teacher must begin acquiring credits needed for the Provisional (Voc. I) Certificate. This certificate is valid for three (3) years of teaching which do not have to be continuous.

To receive this level of certification, the following requirements must be met by the intern teacher.

A. A copy of the Intern Certificate must be submitted by the intern teacher to his/her assigned advisor.

B. Speech Screening Test Requirements must be met. This is a diagnostic test, administered on an individual basis by a certified speech clinician, aimed at identifying oral communication problems. The intern teacher can attempt to meet the test requirements in one of two ways:

1. The intern teacher can come to the university to take the Speech Screening Test. The test is scheduled by the Speech Department each semester. Test dates are publicized in advance and sign-up sheets are available in the office of the Dean of Education, a few weeks prior to the designated dates. Intern teachers must register for a specific time and date, in order to be administered the test. The Field Resource Person is responsible to inform those interns served regarding Speech Screening Test dates. When an intern successfully completes the test, the administering clinician forwards a written statement verifying successful completion, to the Department of Vocational

Education, where it becomes part of the intern's personal file. Those failing the test must be told to consult with their Senior Teacher Educator Advisor to determine the appropriate measures to be taken.

2. Speech screening requirements can also be satisfied by a screening performed by a local school district or Intermediate Unit clinician. The intern should check with the local Director to see if this service is available. The intern teacher is responsible for scheduling the screening and having the test results forwarded to Department of Vocational Education at Temple University.

C. Complete eighteen (18) semester hours of coursework as depicted by the following:

VOCATIONAL I CERTIFICATE

18 Semester Hours

* Required

** Preferred

S.H.=Semester Hours

I. GENERAL EDUCATION 3 S.H.

Three semester hours minimum in one or more of the following courses:

English Composition

General Psychology

Public Speaking

II. PROFESSIONAL STUDIES 15 S.H.

A. Industrial Education (I.E.) 15 S.H.

No less than 15 S.H. of credit earned in Industrial Education.

1. Credits earned through classroom type program.

   *I.E. 101 Intro. to T & I 3 S.H.

   *I.E. 102 Shop Organiz. & Manag. 3 S.H.

   *I.E. 107 Student Teaching 3 S.H.

   *I.E. 108 Student Teaching 3 S.H.

   *I.E. 303 Principles of T&I Edu. 3 S.H.

   15 S.H.

2. Credits earned through Field-Based type program.

   *I.E. 203 Pedagogical Competence 15 S.H.

3. Credits earned through a combination of 1 and 2 above.

   *Any combination of IE 203 and classroom type courses to equal the total S.H. of credit needed.

   15 S.H.

Once all of the requirements for the Provisional Certification have been met, the intern teacher is responsible for securing and completing form DEHE 280. Procedures for processing DEHE 280 are consistent with those explained on p. 17, of this module.

The Provisional Certificate can be renewed once, for a period of four (4) years, providing the following criteria for renewal can be met:

1. A local school superintendent must attest to the fact that the instructor had taught successfully on the initial Provisional Certificate for three (3) years.
2. No less than thirty-six (36) semester hours of course-work have been completed, three (3) of which must be from

the General Professional area of studies which includes the following three courses:

a. Fd. Ed. 201 Social Emphasis 3 S.H.

b. Ed. Psy. 331 Principles of Learning 3 S.H.

c. Ed. Psy. 341 Human Development 3 S.H.

Certificate renewal is accomplished by submitting a correctly executed DEHE 280 Form.

III. The Permanent (Vocational II) Certificate

The Vocational II Certificate is permanent. To be eligible for this certificate, the instructor must hold a provisional certificate and must:

A. Submit a copy of it along with a permanent certificate application (DEHE 280) to his/her program advisor.

B. Have taught for no less than three (3) years on the Vocational I Certificate.

C. Have successfully earned a minimum of sixty (60) semester hours of credit approved by his/her advisor. The 60 credits must be distributed as follows:

1. General Education - 24 semester hours

a. Humanities - 3 S.H. in English Composition are required. Additional credits may be earned by taking courses in the departments of Art History, Philosophy, Religion or Foreign Languages.

b. Social Sciences - 3 S.H. in Psychology are required. Additional credits may be earned by taking courses in the departments of Anthropology, Economics, Geography, History, Political Science, Sociology, and Urban Studies.

c. Science and Mathematics - 3 S.H. in Foundations or Elementary Mathematics or in a science are required. Additional Science credits could be earned by taking courses in the departments of Biology, Chemistry, Geology, Mathematics, Physics, and Zoology.

d. Human Performance - 3 S.H. in Speech 14, 65, or 70 are required. Additional credits may be earned by taking courses in the departments of Art, Industrial Arts, Music, Physical Education, Radio-T.V.-Films, and Theatre.

e. General Education Electives - Since each applicant for the Voc. II Certificate must have earned no less than 24 S.H. in General Education and only certain of these credits are earned in required courses; the remaining credits may be taken in any department in General Education. There are certain benefits, however, to taking an additional course in each category listed.

2. Professional Studies - 24 semester hours

a. Fifteen (15) of the required semester hours will have been earned in attaining the Vocational I Certificate.

b. Nine (9) additional semester hours are required and can be earned as follows:

1. Credits earned through classroom type courses.

- I.E. 304 - Methods of T & I Education (3 S.H.).

- I.E. 305 - Analysis, Tech., and Course Construction (3 S.H.).
- I.E. 306 - Instructional Materials in T & I Education (3 S.H.).

2. Credits earned through field-based type program.
   - I.E. 204 - Pedagogical Competence (9 S.H.).

3. General Professional - 6 semester hours

   A total of 6 S.H. of credit must be earned by taking Foundations of Education 201 (Social Emphasis) and Ed. Psyche 331 (Principles of Learning).

4. General Electives - 6 semester hours

   Each applicant is allowed to submit 6 S.H. of credit earned in General Education, General Professional, or Professional Studies which are beyond the credits needed in that category. These courses may be from any area of interest, and must be selected with the approval of a program advisor.

CERTIFICATION SUMMARY

	Vocational I	Renewal	Vocational II
A. General Education	3 S.H.	3 S.H. plus any additional S.H. toward the required 36 S.H.	24 S.H.
B. Professional Studies in Industrial Ed.	15 S.H.	15 S.H. plus any additional S.H. toward the required 36 S.H.	24 S.H.

C. General Professional Studies	0 S.H.	3 S.H.	6 S.H.
D. General Electives	0 S.H.	additional S.H. toward required 36 S.H.	6 S.H.
TOTAL	18 S.H.	36 S.H.	60 S.H.

IV. The Masters Equivalency Certificate

The Masters Equivalency Certificate is available to qualifying vocational teachers. This certificate is sought only for purposes of advancement on a salary scale.

Applicants for the Master's Degree Equivalency Certificate who have a valid Vocational Instructional I or Vocational Instructional II Certificate or the equivalent and who are currently employed by a public school in Pennsylvania may apply for the certificate if the following criteria are met:

A. The applicant must submit credentials showing completion of a total of 90 semester hours of college credit. A minimum of 18 hours of the final 30 must be earned at a state approved baccalaureate degree-granting college/university. The remaining 12 credits may be satisfied through Pennsylvania Department of Education approved In-Service programs.

B. A passing grade is required for college and university courses, and a letter of satisfactory completion is required for in-service courses used toward the Equivalency Certificate.

C. Candidates applying on the basis of a Vocational Instructional I Certificate must submit a statement from the university certification officer (usually the Dean of Education) indicating that all course requirements for the Vocational Instructional II Certificate have been met.

D. Applicants must submit a correctly completed DEHE 280, verify credits earned with official transcripts and/or official letters of approved In-Service credit, submit a copy of the basic certificate and enclose a $15.00 certified check or money order. Application and credentials should be submitted through the office of the school superintendent. In instances where an individual is applying for any other vocational certificate along with the Masters Equivalency Certificate, the application can be processed at Temple University.

Non Degree vs Degree Vocational Teacher Certification Programs

It should be noted, that Temple University offers two programs leading to vocational certification, namely, the Non-Degree Program and the Degree Program. All semester hours earned in meeting the requirements for the Vocational II Certificate apply to earning a degree provided the student is matriculated at Temple University. Since, however, 128 semester hours of credit are needed to earn a Bachelor's degree, the student is required to earn credits beyond those needed for permanent certification. The Bacculaureate Degree is addressed in Learning Experience III, pp. 79-110, of this module.

As previously mentioned, enrollment in the Non-Degree Certification Program is a requirement for the Intern Certificate, however, this does not prohibit an individual from enrolling in the Degree Program at a latter date. This is simply accomplished by having the learner matriculate with Temple University.

Matriculation

Matriculation means to formally be accepted as a student in the College of Education within the university. At Temple University this is accomplished by completing an Undergraduate Application for Admissions and forwarding it, along with a non-refundable $15.00 fee, to the Office

of Undergraduate Admissions. If accepted into the college, the applicant is so notified and considered to be matriculated. All students are encouraged to matriculate when they apply to the certification program.

Although matriculation may appear unnecessary to a person not wishing to earn a degree, such is not the case. In effect, matriculation protects students from having to meet ever changing university requirements.

Once matriculated, an individual wishing to take certification course work at another institution must request to take it by completing a request form. Such forms are available in the Department of Vocational Education. Following is a sample of this request form.

It should be made clear that ELECT tests are required for all matriculated students and that these tests are offered by the English Language Enrichment Center at Temple. It is the university's method of identifying students with reading, writing, and/or speech difficulties so that such can be remedied before students become involved in academic difficulties. ELECT tests are further discussed in the Advising Guide, pp. 90-96, of this module.

TEMPLE UNIVERSITY
of the Commonwealth System of Higher Education

COLLEGE OF EDUCATION

REQUEST FOR PERMISSION TO TAKE WORK ELSEWHERE

(Print plainly the requested information)

Name (In full) _____
Last First Middle or Maiden

Permanent Address _____
Number and Street City State Zip Code

Local or Dormitory Address _____
Zip Code

_____ _____ _____
Student No. Soc. Sec. No. Date of first semester at Temple University

I request permission to take the following course(s) at:

_____ during the ☐ summer ☐ fall semester of _____ ☐ spring semester Year
(Name of College or University)

and to transfer it/them for courses in our curriculum as shown below:

COURSE(S) REQUESTED			TEMPLE EQUIVALENT
Dept. & Course No.	Descriptive Title	Sem Hrs	Dept. & Course No.

Reason for request: _____

1. I understand that these credits will be transferred to Temple University only upon the completion of the course(s) with a grade(s) of "C" or better.

2. I understand that permission is rescinded if my average at Temple University falls below 2.0 or I am placed on special probation.

3. I will request an official transcript to be forwarded from the institution attended to Dr. Rita J. Wolotkiewicz, Assistant Dean, College of Education.

Student — Please complete three copies of this form.

_____
Student's Signature

Advisers — Please check appropriate responses.

1. For adviser of department/division in which student is currently registered.
   ☐ I approve request
   ☐ I do not approve request

   _____
   Adviser's Signature

2. FINAL APPROVAL OF THE DEAN.
   ☐ Request is approved
   ☐ Request is not approved

   Loretta J. Bradley, Assistant Dean

TU-CE-Form 2

36
Date _____

STUDENT'S COPY

Approaches To Vocational Teacher Education

As indicated in the certification course work summary sheets provided earlier in this learning experience, learners have the option of being serviced by one of three approaches to teacher education offered by the Department of Vocational Education at Temple University.

Coursework requirements in the area of Professional Studies in Industrial Education can be met via the Classroom-Based Approach, the Field-Based/Competency-Based Approach, or a combination of the two approaches.

The former requires the learner to fulfill the coursework requirements by attending classroom instruction at the university or at off campus centers. The latter, more commonly referred to as Program VITAL (at the Voc. I level), and Program MASTERY (at the Voc. II level), requires the learners to fulfill program requirements at their own school via a competency-based mode of instruction.

In order to enroll for the Classroom Approach, the learner need simply to register for the appropriate coursework.

Enrollment in the competency-based program is initiated by the interested learner. Learners should contact the Field Resource Person serving their schools or contact the Program Coordinator, Department of Vocational Education, College of Education, Temple University, Phila., PA 19122, (215-787-6012).

Once contact is made, the Field Resource Person is responsible for completing the enrollment by:

A. Conducting a preliminary needs assessment of the interested learner.

B. Verifying that an application to the Non-Degree Vocational Certification Program was accurately completed.

C. Verifying that all matriculation materials are accurately completed.

D. Providing the VITAL or MASTERY program contracts to the learner.

E. Providing clarification and feedback of the VITAL/MASTERY contracts.

F. Returning the properly signed contract to the Program Coordinator.

The applications to both Program VITAL and Program MASTERY act as a contract between the learner and the Department of Vocational Education. Each learner wishing to enroll in VITAL and/or MASTERY must complete the appropriate application. These applications are available from the program secretary in the Vocational Education Department. Following are samples of the contracts used to enroll learners in the Field-Based/Competency-Based programs, VITAL and MASTERY.

APPLICATION TO PROGRAM VITAL

I, the undersigned, have read this application form and understand the conditions for acceptance, continuation, and completion of requirements in Program VITAL and wish to be included among those served:

_____
Signed

_____
Date

PROGRAM VITAL

Program VITAL is a vocational teacher education program designed for beginning vocational teachers (interns). They are helped to develop selected teaching skills by field resource persons from Temple University and resident resource persons from their schools. Assistance is provided at the schools in which they teach rather than at Temple University or a University Center. Each intern's program is tailor-made to his or her professional needs and each is helped to accept responsibility for progress toward teaching competence.

A new teacher can earn fifteen semester hours of credit in vocational professional education through Program VITAL and, upon successful completion of program requirements, a speech test and a three semester hour course in general education, he or she becomes eligible for Provisional Certification (Vocational I).

THE CONDITIONS

There are a number of conditions for acceptance and continuation in Program VITAL. They are as follows:

To be accepted into the program a candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania
b. Notify his or her local director of enrollement in the program.
c. Have applied for matriculation with Temple University (if no Bachelors Degree already earned).
d. Qualify for an intern teaching certificate
   1) Be a high school graduate or hold a GED diploma
   2) Complete an application to the certificate program at Temple University

THE CONDITIONS (continued)

3) Complete the occupational experience statement and have it notarized
4) Verify adequate occupational experience
5) Have applied for occupational competency test.

To continue in Program VITAL, the candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania.
b. Register for no less than six semester hours of credit in Vocational Professional Education each semester.
c. Successfully complete at least six modules (equal to three semester hours of credit) each semester.
d. Seek and receive program counseling from his or her Temple University faculty advisor at least once each year.
e. Meet with a field resource person on an individual basis at least once a week.
f. Meet with a field resource person on a small group basis once a week, if requested.
g. Routinely use the teaching skills developed in Program VITAL.

To complete Program VITAL, the candidate is expected to:

a. Be recommended for professional certification by a local council of educators consisting of (1) an elected local teacher, (2) an appointed local administrator, and (3) a vocational teacher educator from Temple University.*
b. Successfully complete thirty modules. Present to a council of educators a half-hour sample video tape of teaching ability, and all products associated with completed modules.
c. Have earned fifteen semester hours of credit in Vocational Professional Education, three semester hours of general education, and have successfully passed the speech screening test.

* When an intern appears before a council of educators and does not receive its recommendation for provisional certification, the council will indicate in writing the reasons for withholding such recommendation. The intern is required to improve teaching performance in the areas indicated before another review can be scheduled. If the intern does not receive the council's recommendation and believes that ample evidence to justify its recommendation was presented, the intern may appeal this decision. Appeals should be made in writing to the Chairman of the Department of Vocational Education, Temple University.

FRP _____ (print)

Student _____ (print)

School _____ (print)

Date _____ (print)

PRIORITY FORM

Introduction:

Program Mastery is to begin this Fall semester (1978) and persons who completed the requirements of Program VITAL are invited to complete the professional component of their Vocational II Certificate program in Mastery.

You may earn up to 9 S.H. of credit in Mastery which, in combination with the 15 S.H. of credit earned in VITAL, completes the required professional "course work" needed for the Voc. II certificate.

There are 18 modules to complete in Program Mastery, namely:

1. A06 Develop Program Goals and Objectives
2. A07 Conduct an Occupational Analysis
3. A08 Develop a Course of Study
4. C03 Employ Brainstorming, Buzz Groups, and Question-Box Techniques
5. C05 Employ Simulation Techniques
6. C14 Provide Instruction for Slower and More Capable Learners
7. C18 Individualize Instruction
8. C24 Present Information with Filmstrips and Slides
9. C25 Present Information with Films
10. C27 Present Information with Televised and Videotaped Materials
11. D04 Assess Student Performance - Skills
12. E01 Project Instructional Resource Needs
13. E02 Manage Your Budgeting and Reporting Responsibilities
14. E04 Maintain a Filing System
15. E07 Assist Students in Developing Self-Discipline

16. F03 Use Conferences to Help Meet Student Needs

17. F04 Provide Information on Educational and Career Opportunities

18. F05 Assist Students in Applying for Employment or Further Education

Instructions:

If you choose to enter Program Mastery, you must register for six (6) S.H. of IE204 or be in Program VITAL for three (3) S.H. of IE203 and three (3) S.H. of IE 204. As in Program VITAL, you will be required to register for audit credit if your progress is such that you do not complete successfully an appropriate number of modules during a registration period (two modules equal one S.H. credit).

If you understand the conditions for being in Program Mastery and wish to enter this program, please complete the following:

Signature_____ Date _____

School _____

Optional Activity ⇨ You may wish to continue your skill development by arranging an interview with an experienced advisor in order to discuss vocational instructional certification.

Activity ⬆ The following items check your comprehension of the material in the information sheet, Vocational Instructional Certification, pp. 6-37. Each item requires a short essay type response. Please explain fully, but briefly.

SELF-CHECK

1. Discuss the Intern Certificate, including intern certification requirements.

2. Discuss the term, Sufficient Occupational Experience.

3. Discuss the DEHE 280 Form.

4. Discuss Vocational I Certification, including the certification requirements and renewal.

5. Discuss the purpose of the Speech Screening Test including the options available for meeting the test requirements.

6. Discuss the Vocational II Certification, including the certification requirements.

7. Discuss matriculation and its relationship to the degree and non-degree vocational teacher certification programs, offered at Temple University.

8. Provide rationale for the ELECT test.

9. Describe the two major approaches to vocational teacher education, offered by Temple University.

10. Outline the procedure followed by the Field Resource Person when enrolling learners in the Field-Based/Competency-Based approach (Program VITAL, Program MASTERY).

11. Discuss the Program VITAL and MASTERY contracts.

Feedback Compare your written responses on the Self-Check with the Model Answers given below. Your response need not exactly duplicate the model response; however, you should have covered the same major points.

MODEL ANSWER

1. The Intern Certificate:

   - is valid for 3 calendar years.
   - is not renewable.
   - is issued to vocational teachers entering the profession by the occupational experience route.

   Requirements for this certificate are:

   - appropriate occupational experience
   - occupational competence
   - high school or GED diploma
   - enrollment in in-service teacher education program
   - good moral character
   - physician's certificate of health
   - at least 18 years of age
   - United States Citizenship
   - submission of a properly executed DEHE 280 form

2. Sufficient occupational experience means two years of experience beyond the amount of time needed to fully develop the skills of a given occupation. (i.e.) In an apprenticable occupation 4 years are required to develop the skills of the occupation fully, therefore; a total of 6 years experience would be considered sufficient occupational experience.

3. The DEHE 280 is the application for professional personal certificates issued by the Pennsylvania Department of Education. These forms are available from school district administrators, as well as, through the Vocational Education Department at Temple University. When applying for any certificate mentioned in this learning experience, a properly executed DEHE 280 form, completed in accordance with the provided instrutions, must be forwarded to Harrisburg prior to issuance of the certificate.

4. The Vocational I Certificate:

   - is also referred to as the Provisional Certificate.
   - is valid for 3 years of teaching which do not have to be continuous.
   - is renewable once, for a period of 4 years providing a local school administrator will attest that the instructor had successfully taught for 3 years on the initial Provisional Certificate, no less than 36 semester hours have been completed (3 of which must be from the General Professional area of study), and providing a properly executed DEHE 280 form is submitted.

   Requirements for this certificate are:

   - a copy of the Intern Certificate must be submitted to an assigned advisor
   - successful completion of the Speech Screening Test
   - completion of 18 semester hours of specified coursework in a recognized inservice teacher education program
   - submission of a properly executed DEHE 280 form

5. The Speech Screening Test is a diagnostic instrument designed to identify oral communication problems. Test requirements can be met by the intern teachers in two ways:

a. The intern can register to take the test during scheduled test dates, at Temple University.

b. The requirements can be satisfied by a screening test administered by a local school district or I.U. clinician.

6. The Vocational II Certificate:

- is also referred to as the Permanent Certificate

Requirements for this certificate are:

- A copy of the current and valid Voc I or Voc I Renewal Certificate must be submitted to an assigned advisor.
- successful teaching for no less than three (3) years on a Voc I Certificate
- successful completion of 60 semester hours of specified course-work, selected with advisor approval

7. Matriculation means to formally be accepted as a student within a college or university. At Temple, students matriculate by completing the undergraduate application and forwarding it, along with a $15.00 non refundable fee, to the Office of Undergraduate Admissions. When formally accepted, the applicant is said to be matriculated.
All students at Temple University are urged to matriculate. Those students involved in degree programs are required to matriculate.

8. The ELECT (English Language Enrichment Center at Temple) offers their test as a means of identifying students with reading, writing, and/or speech difficulties, in order to provide remedial help to these students before they become involved in academic difficulties.

9. The Classroom Based Approach requires learners to fulfill course-work obligations by attending formal classes at the university or at one of its off-campus centers.

The Field-Based/Competency-Based Approach, referred to as Programs VITAL and MASTERY, allows learners to fulfill coursework obligations within their classroom settings via a competency-based mode of learning.

10. When enrolling learners in Program VITAL the Field Resource Person must:
    - conduct a preliminary needs assessment of the learner.
    - verify that a non-degree application for the Vocational Certificate Program was completed.
    - verify that matriculation materials were completed.
    - provide the VITAL contract.
    - provide clarification and feedback of the contract.
    - return the signed contract to the Program Coordinator.
11. These contracts act as an agreement between learners and the Department of Vocational Education. The VITAL contract is an entrance requirement for the Voc I (Provisional) Certification Program, while the MASTERY contract (Priority Form) acts as an entrance requirement for the Voc II (Permanent) Certification Program.

LEVEL OF PERFORMANCE

Your completed Self-Check should have covered the same major points as the model responses. If you missed some points or have questions about any additional points you made, review the material in the information sheet, Vocational Instructional Certification, pp. 6-37, or check with your Resource Person.

LEARNING EXPERIENCE II

Enabling Objective

After completing the required reading, demonstrate the ability to complete all forms associated with the Vocational Certification Program.

Activity

You will be reading the Case Study, pp. 49-63, and correctly completing the Enrollment Forms, pp. 51-63, for the learner described in the Case Study.

Feedback

You will be evaluating your competency by comparing your completed enrollment forms with the Model Forms, pp. 65-78.

Activity The following Case Study provides demographic information on a learner wishing to enroll in a vocational education program. Read the Case Study, then correctly complete the enrollment forms provided for the learner described.

CASE STUDY

Jean Watkins, is preparing to begin her first year as a food preparation instructor at Upper Valley Vocational Technical School. Realizing that she must seek vocational teacher certification, Jean begins taking steps toward securing an Intern Teaching Certificate. She wishes to enroll in a Non-Degree Certification Program in Industrial Education for the fall semester, at Temple University.

Following is some personal information on Jean.

Address - 1617 North Elm St. Bucks County
Upper Valley, PA
18776

Telephone - (212) - 767-5021

Occupation - Vocational Instructor - Food Preparation

Marital Status - Single

Resident of PA Since Birth

Social Secruity # - 166-01-4728

Birth Date - July 20, 1950

Race - Caucasian

Education

Elementary - Lincoln Elementary School, Elm St.,
Upper Valley, PA 18776
from 9/56 to 6/62

Secondary - Jim Thorpe H.S., Main St.,
Upper Valley, PA 18776
from 8/62 to 6/68
Home Economics curriculum
Earned H.S. Diploma

College - Mansfield State College
Mansfield, PA, 17664
from 9/75 to 6/76
Home Economics Major
No Degree Earned

Family

Father - John D. Watkins - deceased - H.S. diploma - construction worker for LO-JAN Construction Co.

Mother - Janet L. Watkins - H.S. diploma - housewife

Health - No medical problems

Military - N/A

Teaching Experience - Private School - Monroe School for the Handicapped - Teachers Aid in Home Economics from 8/76 to 8/78

Occupational Experience (Full time)

Employer	Position		Location
Scotch and Sirloin Restaurant	Assistant Chef	from 8/70 to 6/72	Scranton, PA
George Washington Inn	Chef	from 7/72 to 7/73	Philadelphia, PA
The Ryah House Restaurant	Food and Beverage Manager	from 7/73 to 9/75	Clarks Summit, PA

The following forms are essential in securing the Intern Teaching Certificate and enrolling in an Inservice Teacher Education Program at Temple University. These are forms which Jean must complete in order to acquire the Intern Certificate and enroll in Program VITAL.

Complete the forms for Jean.

TEMPLE UNIVERSITY

DEPARTMENT OF VOCATIONAL EDUCATION — COLLEGE OF EDUCATION

OCCUPATIONAL COMPETENCY EVALUATION PROGRAM INFORMATION

PURPOSE

Temple University is authorized by the Pennsylvania Department of Education to administer the Occupational Competency Evaluation Examination to verify the minimum occupational competency required for all Vocational Instructional Certificates (Section 10-320, Chapter 10, of Regulations of the State Board of Education of Pennsylvania for Certification of Professional Personnel).

The Occupational Competency Examination must be taken by all vocational industrial education students before a vocational intern (initial) certificate can be awarded. The successful completion of this examination is a requirement for vocational certification in Pennsylvania. Persons who have taken the examination previously and who have failed must have the approval of the Chairman of the Department in which they are enrolled before being admitted to a second examination and have completed a minimum of 500 hours of additional experience in the occupation for which they are being evaluated.

REQUIREMENTS FOR ADMISSION TO EXAMINATION

Minimum qualification for admission to the competency examination are high school graduation or equivalent education, and sufficient wage earning experience beyond the learning period for the occupation. The occupation for which competency is to be verified must be one for which a vocational course has been approved by the Pennsylvania Department of Education. The applicant must be currently or previously enrolled in a vocational teacher education program.

1. Complete an 'Application for Occupational Competency Examination' form.
2. Verify education. Transcript of secondary school completion and/or GED scores must be on file with the Department of Vocational Education of Temple University.
3. Verify occupational experience. A notarized 'Record of Occupational Experience' and also letters from employers of the applicant must be on file with the Department of Vocational Education of Temple University. Employers' letters MUST BE SUBMITTED in accordance with the following instructions.
   a. The letter must be written on the business letterhead of the firm or employer and carry the date of writing.
   b. This letter must be mailed by the employer to the Department of Vocational Education.*
   c. The job title, dates of employment, hours worked per week, duties, responsibilities, and the reason for leaving must be indicated in the letter.
   d. The letter should indicate the degree of satisfaction the candidate rendered as an employee.
   e. The letter should be signed by an official of the firm, together with his official title.
   f. Verification of self-employment must include letters from suppliers whom you have dealt with over a period of years. Also, a statement by the applicant of the nature and extent of duties and responsibilities that he personally performs with the names and addresses of five (5) reliable sources who would be willing and able to verify such experience.
   g. In the area of Cosmetology or any of the Health Professions a copy of the applicant's state license is required.

(SEE OTHER SIDE FOR ADDITIONAL INFORMATION)

FEE

The fee for the initial evaluation and examination or reexamination is one hundred fifty dollars ($150). A 'late fee' of twenty-five dollars ($25) will be charged for applications including all supportive data provided after deadline date, but prior to examination or review date. A fee of three hundred dollars ($300) will be charged for examinations and/or evaluations requested on a day other than a regularly scheduled date. A check or money order (not cash) must accompany the application for admission to the examination. If the applicant fails to notify this office of inability to take a scheduled examination within 48 hours of the examination date, the fee is forfeited. If the application is not accepted, the full fee will be refunded.

EVALUATION AND EXAMINATION

The evaluation consists of all documentation outlined in 'Requirements for Admission to Examination', with emphasis on years of experience and abilities outlined in letters of reference.

The examination consists of a written and practical practical part. The examinations deal only with the skills and knowledge involved in occupation for which the candidate is being tested.

INSTRUCTIONS

Persons wishing to take the examination are asked to complete the return the application forms to Department of Vocational Education.*

You will receive an admission form designating where you are to report for each part of the examination. Persons should arrive at the place of examination well in advance of the hour scheduled.

For the written part of the examination, persons should bring a supply of pencils (not pens) and an eraser. All paper will be supplied by the examiner. One handbook, if available for the occupation being examined, may be used during the written examination. No notebook or the like is permitted. The examiner has the right to evaluate whether or not the handbook is properly applicable.

For the practical part of the examination, tools, machines and materials will be supplied by the examiner. When convenient, a person may bring his own tools; for example a draftsman may prefer to use his own instruments. If tools or instruments are brought in by the examinee, the school will not be responsible in case of loss.

INFORMATION AND APPLICATION FORMS

* All requests and correspondence should be made to: Occupational Competency Testing Coord
Department of Vocational Education
College of Education, Temple Universi
Philadelphia, PA 19122
ATTN: PAT JANISHECK

OCCUPATIONAL EXPERIENCE STATEMENT

Name (last - first - middle/maiden)

Address (no. - street - city - county - state - zip)

FULL TIME EXPERIENCE

Employer (Name and Location)	Occupation	Nature of Work (What did you do?)	Period of Employment					
			From		To		Total	
			Mo	Yr	Mo	Yr	Yrs	Mos

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PART TIME EXPERIENCE

Employer (Name and Location)	Occupation	Nature of Work (What did you do?)	Period of Employment					
			From		To		Total	
			Mo	Yr	Mo	Yr	Yrs	Mos

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COMMONWEALTH OF PENNSYLVANIA, County of _____

Applicant personally appeared before me and being duly sworn according to law, deposes and says the foregoing statements are true and correct.

Sworn and Subscribed before me this _____ day of _____, 19 __

Applicant's Signature

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Applicant's Name (print or type)

TEMPLE UNIVERSITY
COLLEGE OF EDUCATION
DEPARTMENT OF VOCATIONAL EDUCATION

APPLICATION FOR OCCUPATIONAL COMPETENCY EXAMINATION

Type or Print Clearly

Name _____ Phone _____ Date _____

Address _____
Street City State Zip Code

What is your trade? _____ years in trade _____

Have you taken an occupational exam before? _____ Occupation? _____

Are you currently teaching? _____ What School? _____

Have you been given assurance of employment? _____ What School? _____

Upon completion of your occupational competency test, may we release the results to your employer or potential employer? YES_____ NO_____

Signed _____

NOTE! Your signature confirms that you have read this document completely.

CIRCLE the occupation you are expected to teach. Only ONE occupation should be circled.

Air Conditioning
Appliance Repair
Arch. Design Tech.
Automotive Body Repair
Automotive Mechanics
Baker
Brick Masonry
Building Mnt.
Building Trades Constr.
Business Machine Mnt.
Carpentry
Chemical Tech.
Civil Tech.
Commercial Art
Commercial Photography
Computer Tech.
Cook/Chef
Cosmetology
Custodial Services
Dental Assistant
Dental Lab. Tech.
Diesel Mechanics
Drafting, Arch.
Drafting, General
Drafting, Mech.
Dressmaking
Elect. Const./Mnt.
Elect., Industrial-Power
Electrical Technology
Electronics
Electronics Tech.
Fabric Mnt. Services
Health Assistant
Heating
Instrumentation Tech.
Machine Shop
Masonry
Material Handling
Mech.-Design Tech.
Medical Assistant
Medical Lab. Assistant
Metal Fabrication
Metallurgical Tech.
Millwork & Cabinetmaking
Painting & Decoration
Patternmaking
Plumbing
Power Sewing
Printing
Quantity Foods
Radio/TV
Refrigeration
Sheet Metal
Upholstering
Waiter/Waitress
Warehousing
Welding
Other (Specify)_____

Fee for the examination is $150. A 'late fee' of $25 will be charged for applications and supportive data provided after the deadline date. $300 will be charged for specially request examinations and/or evaluations. CHECK OR MONEY ORDER ONLY NO CASH, PLEASE!!!!
PAYABLE TO: TEMPLE UNIVERSITY

Return this application before:
IT IS THE APPLICANTS RESPONSIBILITY
TO VERIFY THAT ALL SUPPORTIVE DATA
IS COMPLETED !!!!

MAR 03 80

TO: Occupational Competency Testing Coord
Department of Vocational Education
College of Education, Temple Univers
Philadelphia, PA 19122
ATTN: PAT JANISHECK

(INSTRUCTIONS FOR COMPLETING FORM ON OTHER SIDE)

TEST DATE_____

NOCTI REGISTRATION FORM

Telephone (Home)_____
(Business)_____

1. NAME |_____| |_____| |_| (Last / First / M.I.)

2. ADDRESS |_____| |_____| |___| |_____| (Street / City / State / Zip Code)

3. SEX:
___Male
___Female

4. DATE OF BIRTH (Numerals) |__|__| 19|__|

5. SOCIAL SECURITY NUMBER |___|__|____|

6. RACE OR ETHNIC GROUP (Optional)
___ American Indian
___ Black/Afro-American/Negro
___ Caucasian/White
___ Chicano/Mexican-American
___ Oriental/Asian-American
___ Puerto Rican
___ Other_____

7. ARE YOU NOW TEACHING? ___ Yes For ___ years LEVEL: ___ Sec. ___ Post-Sec. ___ Adult
___ No

8. EDUCATION:

	Number of years	Graduated Yes	Graduated No
High School	___	___	___
Vocational School	___	___	___
Vocational Program	___	___	___
Technical High School	___	___	___
Community College	___	___	___
Four-year College	___	___	___
Other_____	___	___	___

9. EXPERIENCE
TOTAL ___ years
Number of places worked ___
Longest time ___ years
Shortest time ___ years
Supervisory Experience ___ years
Number of workers supervised ___

10. NOCTI EXAMINATION YOU PLAN TO TAKE_____ TEST CODE #_____

11. TEST CENTER CODE #___

12. SIGNATURE_____ Date_____

Fee Paid by: Candidate ___
Institute or Agency___

Signed_____
Area Test Coordinator

PLEASE NOTE: RETURN the top sheet to the Institute Director,
GIVE candidate "Ticket of Admission"

TICKET OF ADMISSION FOR NOCTI EXAMINATION
(Bring this with you to each test session)

Name_____ Social Security #_____ Examination_____

WRITTEN TEST
Date & Time_____ Test Center_____ Address_____

PERFORMANCE TEST
Date & Time_____ Test Center_____ Address_____

Signed_____ Date_____
Area Test Coordinator

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— BECAUSE AN INSUFFICIENT NUMBER OF CANDIDATES REGISTERED FOR YOUR OCCUPATION, IT IS NOT POSSIBLE TO GIVE THAT PARTICULAR EXAMINATION AT THIS TIME. WE SUGGEST THAT YOU REGISTER FOR THE NEXT TEST SESSION

DIRECTIONS FOR COMPLETING REGISTRATION FORM

Please use a pen to fill out the registration form and print everything except your signature. Follow the instructions below carefully since it is most important that your file be complete and accurate. Most items are self-evident. However, we would like to call your attention to the following:

ITEM 2. **ADDRESS:** Print the address at which mail will reach you for at least the next six months. All correspondence with you will be directed to the address you list.

3. **SOCIAL SECURITY NUMBER:** Enter it accurately since it will identify all your records concerning the NOCTI Examination.

6. **SELF-DESCRIPTION:** You can omit this if you wish. This item is included only to determine if there is any racial or ethnic bias in the tests. Should you choose to answer, check the box next to the group that best describes you. If you are not in any of these categories, check the line "Other" and fill in the name of your group.

8. **EDUCATION:** If you attended a private trade school or an evening program, describe it as best you can on the line "Other". Fill in the rest of the data requested.

9. **EXPERIENCE:** Round out your years of experience to the date of the test administration.

10. **NOCTI EXAMINATION YOU PLAN TO TAKE:** Print name of examination and enter code number, using the following:

CODE	EXAMINATION	CODE	EXAMINATION	CODE	EXAMINATION
006	Air Conditioning & Refrigeration	018	Civil Technology	020	Machine Trades
001	Air Frame & Power Plant	026	Computer Technology	009	Masonry
012	Architectural Drafting	022	Cosmetology	023	Mechanical Technology
002	Auto Body Repair	004	Diesel Engine Repair	010	Plumbing
003	Auto Mechanic	008	Electrical Installation	019	Printing
025	Building Trades Maintenance	015	Electronics Communications	017	Quantity Food Preparation
024	Cabinet Making & Millwork	014	Industrial Electrician	011	Sheet Metal
007	Carpentry	016	Industrial Electronics	005	Small Engine Repair
		013	Machine Drafting	021	Welding

11. **TEST CENTER CODE:** Enter correct Test Center Code Number, using the following:

CODE	TEST CENTER	CODE	TEST CENTER	CODE	TEST CENTER
038	MINNESOTA, Duluth	021	KENTUCKY, Frankfort	033	PENNSYLVANIA, Philadelphia
001	ALABAMA, Montgomery	022	MASSACHUSETTS, Boston	033	PENNSYLVANIA, Pittsburg
002	ARKANSAS, Little Rock	028	MICHIGAN, Big Rapids	033	PENNSYLVANIA, University Park
005	CALIFORNIA, Los Angeles	048	MISSOURI, Columbia	035	SOUTH DAKOTA, Springfield
010	COLORADO, Fort Collins	019	MONTANA, Havre	054	TENNESSEE, Murfreesboro
046	CONNECTICUT, New Britain	051	NEBRASKA, Kearney	029	TEXAS, Richardson
012	FLORIDA, Tampa	020	NEW JERSEY, New Brunswick	045	UTAH, Logan
015	GEORGIA, Athens	056	NEW MEXICO, Portales	041	VERMONT, Montpelier
016	HAWAII, Honolulu	024	NEW YORK, Buffalo	031	VIRGINIA, Blacksburg
050	IDAHO, Pocatello	026	NEW YORK, New York City	052	VIRGINIA, Norfolk
049	ILLINOIS, Carbondale	027	NORTH DAKOTA, Wahpeton	042	WASHINGTON, Ellensburg
053	ILLINOIS, Chicago	030	OHIO, Columbus	043	WEST VIRGINIA, Montgomery
055	INDIANA, Lafayette	032	OKLAHOMA, Stillwater	047	WISCONSIN, Menomonie
018	IOWA, Ames	044	OREGON, Portland	057	WYOMING, Laramie
060	ALASKA, Anchorage	061	MISSISSIPPI, Hattiesburg	062	MISSISSIPPI, Mississippi State

12. **SIGNATURE:** Write your name as you normally do. DO NOT PRINT.

TEMPLE UNIVERSITY of the Commonwealth System of Higher Education
DEPARTMENT OF VOCATIONAL EDUCATION — COLLEGE OF EDUCATION
Philadelphia, Pennsylvania 19122

NON-DEGREE APPLICATION FOR VOCATIONAL CERTIFICATION PROGRAM (Print or type)

Social Security No.	Name; last, first, middle/maiden	Birth date numerically mo. day yr.	___ Male ___ Fema
Home address - number, street, city, state, zip code		Home phone with area code	
My occupation or Trade	Marital status Single ____ Married____	This application is for year 19____ Fall____; Spring ____; Summer____	
Kind of course enrolling for: Undergraduate _____; Graduate _____; Both _____		Department enrolling in _____	
Are you a citizen of the United States of America? Yes_____ No_____		Are you a resident of State of Pennsylvani Yes_____ No _____	

RECORD OF EDUCATION: elementary, secondary, college or other post secondary

Name and location of school	Major Course	Diploma or Degree	Fulltime Parttime	Years attended: From	To	Total tim in years

TEACHING EXPERIENCE: Public or private If you have never taught, write "None".

School District	Subject Taught	No. of years	Dates

Occupational competency evaluation requested in:

Have you previously been evaluated for occupational competency? Yes____ No____ If yes, what occupation _____

Date_____ University_____

For Departmental use.

Signature of applicant

Date

Return this application to
DEPARTMENT OF VOCATIONAL ED.
College of Education
TEMPLE UNIVERSITY
Philadelphia, Pa. 19122

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NOTE: GRADUATES OF NON-PENNSYLVANIA COLLEGES/UNIVERSITIES MUST MAKE APPLICATION ON FORM DEHE-280A.

Detach this section from the application when mailing to: Bureau of Teacher Certification, Department of Education, Box 911, Harrisburg, Pennsylvania 17126

SECTION 1. GENERAL INFORMATION FOR COMPLETION OF DEHE-280.

A. The Commonwealth of Pennsylvania requires a nonreturnable fee for credential evaluation and processing of application. All requests for credential evaluation or certificate issuance must be accompanied by a fifteen dollar ($15.00) certified personal check or U.S. Postal Money Order made payable to: Commonwealth of Pennsylvania. Personal checks or cash cannot be accepted. No fee is required when requesting change of name only.

B. Incomplete or incorrectly completed applications will be returned to the sender.

C. The signature of an examining physician (side B-box I) is required on all applications for the initial Pennsylvania certificate. It is not required on subsequent applications.

D. The recommending college code (side A-box 7) should reflect the code number of the college or university recommending the applicant for his or her most recent certificate.

E. Boxes (9 to 16) contain the certificate type and subject area and are to be completed by authorized officials of Pennsylvania colleges or universities only.

F. Colleges or universities recommending an applicant who has completed an endorsement program may request certification only when the applicant holds an appropriate Instructional, Educational Specialist, Provisional or Permanent College Certificate. A copy of the qualifying certificate must accompany the application.

G. **Colleges and Universities with approved programs may:**
1. Recommend for the level I certificate only. Applicant and PDE will assume responsibility of conversion to level II, except the vocational instructional II, which requires an institutional recommendation.
2. Recommend an applicant for a Letter of Eligibility, an Administrative I or Supervisory I Certificate. However, the applicant must satisfy the experience requirement before the certificate is issued. Statements of verified and attested service should accompany the application form.

SECTION II. TYPE OF CERTIFICATE REQUESTS-FOR SIDES A and B.

The Instructional Certificate is issued to a person whose primary responsibility shall be direct contact with learners in teaching-learning situations. Example: classroom teacher, teacher of library science (librarian), reading specialist.

The Educational Specialist Certificate is issued to a person whose primary responsibility shall be to render professional service other than classroom teaching. Examples: guidance counselor, school nurse, dental hygienist, school psychologist, home and school visitor, instructional media specialist.

The Supervisory Certificate is issued to a person whose primary responsibility shall be to supervise and direct the pri-

The Supervisory Certificate is issued to a person whose primary responsibility shall be to supervise and direct the activities of professional and non-professional employees. Examples: supervisor of school guidance services, supervisor of science.

The Administrative Certificate is issued to a person whose primary responsibility shall be to direct, operate, supervise and administer the organizational and general education activities of a school. Examples: elementary or secondary principal, director of vocational education.

The Intermediate Unit Program Specialist Certificate is issued at the request of an employing intermediate unit to a person whose responsibility shall be to perform the duties and functions of a locally established professional position as set forth by a description of the position approved by the intermediate unit and the Secretary of Education. The program specialist certificate may be issued only for an area of service in which a certificate does not exist. The program specialist certificate is valid only for the position described in the approved position description and is not transferable to other intermediate units.

The School Program Specialist Certificate is issued at the technical school to a person whose responsibility shall be to perform the duties and functions of a locally established professional position as set forth by a description of the position approved by the local board of directors and the Secretary of Education. The program specialist certificate may be issued only for an area of service in which a certificate does not exist. This certificate may be issued only to persons who hold a valid Instructional or Education Specialist Pennsylvania Certificate. The program specialist certificate is valid only for the position described in the approved position description and is not transferable to other school districts.

The Letter of Eligibility is issued in lieu of a certificate to a person whose formal preparation and experience qualify the person for appointment and commissioning as a District Superintendent, Assistant District Superintendent, Intermediate Unit Executive Director and Assistant Intermediate Unit Executive Director.

The Application for Professional Personnel Certificate is composed of sides A and B. Instructions follow for each type of certificate or transaction desired.

A. INSTRUCTIONAL I OR EDUCATIONAL SPECIALIST I CERTIFICATE

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9). (Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a), (b), (d), (f) through (k) and (m) and have physician complete box (l). (See Section 1-C.)

Recommending dean or Department of Education chairperson of Pennsylvania college shall initial box (q) and complete boxes (r) and (s).

B. ADDITIONAL SUBJECT AREA

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5) and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9).

(Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a) through (k) and (m).

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Recommending dean or Department of Education chairperson of Pennsylvania college shall initial box (q) and complete boxes (r) and (s).

C. SUPERVISORY I AND ADMINISTRATIVE I CERTIFICATE

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9).

(Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a) through (k) and (m). (See Section 1-C).

A copy of the applicant's Pennsylvania professional certificate must be submitted. Recommending dean or Department of Education chairperson of Pennsylvania col-

The applicant must provide documentary evidence from a chief school administrator of the five (5) years of satisfactory experience required by regulation for the certificate requested.

D. INTERN CERTIFICATE

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson shall complete boxes (7), (8) and (9).

SIDE B

Applicant shall complete boxes (a) through (k) and (m) and have physician complete box (l). (See Section 1-C.) Recommending dean or Department of Education chairperson shall initial box (p) and complete boxes (r) and (s).

E. VOCATIONAL INSTRUCTIONAL I CERTIFICATE

(Requires approved program completion and institutional recommendation.) Applicant and college official should follow the same instructions provided for Instructional I or Educational Specialist I Certificate requests. (See Section 11-A).

F. CERTIFICATE CONVERSION

Example: Conversion of Intern Certificate to Instructional I Certificate.

SIDE A

Applicant shall complete boxes (1), (2), (3), and (5).

Recommending dean or Department of Education chairperson shall complete boxes (7) and (9).

SIDE B

Applicant shall complete boxes (a) through (k) and (m).

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Recommending dean or Department of Education chairperson shall initial box (q) and complete boxes (r) and (s).

G. EMERGENCY CERTIFICATE

(Official transcripts must accompany application.)

SIDE A

Superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (6), (8), and (17).

Remember: The Emergency Certificate is issued in one subject area only.

SIDE B

Applicant shall complete box (m) and have physician complete box (l). (See Section 1-C).

Superintendent of schools shall complete boxes (a), (c), (d), (e), (g), (h), (i), (j) and (o).

H. PERMANENT CERTIFICATE, CERTIFICATE RENEWAL AND MASTER'S EQUIVALENT CERTIFICATE

SIDE A

Applicant shall complete boxes (1), (2), (3) and (5).

SIDE B

Applicant shall complete boxes (a) through (k) and (m). (All official transcripts necessary to verify qualifications for certification and a copy of the applicant's Pennsylvania professional certificate must be submitted with application. Applicants for permanent certification, certificate renewal or the equivalent to a Master's Degree Certificate submitting "in-service credits" must provide a letter from their district superintendent attesting to the applicant's satisfactory completion of an in-service program including the number of "in-service credits" earned.)

Superintendent of schools shall complete boxes (n) and (o) in their entirety, except for certificate renewal. (Applicants for the Permanent College, Instructional II, Educational Specialist II, Permanent Standard, Supervisory II, or Administrative II Certificate must have completed three years of satisfactory experience on the certificate in the subject area requested.)

In cases where the applicant has completed experience in more than one school district, documentary evidence of the total number of years of satisfactory experience required for the certificate requested must accompany the application.

I. DUPLICATE CERTIFICATE AND SUBJECT AREA DELETION

SIDE A

Applicant shall complete boxes (1), (2), (3) and (5). Write the word "Duplicate" or "Deletion" in box (5).

SIDE B

Applicant shall complete boxes (a) through (k) and (m). Write the word "Duplicate" in box (j).

When requesting the deletion of a subject or area, the applicant must provide evidence that the Board of School Directors of the employing organization officially approved the requested deletion, or the applicant is not under contract to any Pennsylvania public school district at the time of request.

J. CHANGE OF NAME REQUEST (NO FEE REQUIRED)

SIDE A

Applicant shall complete boxes (1), (2), (3) and (6).

If you are requesting a "Name Change" only, write the words "Name Change Only" in box (5).

In addition, applicant [illegible]

SIDE B

Applicant shall complete boxes (a) through (k) and (m).

If you are requesting a "Name Change" only, write the words "Name Change Only" in box (j). No fee is required when requesting a "Name Change" only. The applicant will receive a completely new certificate.

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Superintendent of schools shall complete box (o) in its entirety.

(Note: Persons who are not currently employed by a school district must provide a notarized statement which attests to the fact that their name has been changed.)

K. DISTRICT SUPERINTENDENT'S LETTER OF ELIGIBILITY (Requires approved program completion and institutional recommendation.) Applicant and college official should follow the same instructions provided for Administrative I Certificate requests. (See Section II-C.) The Letter of Eligibility experience recommendation must be a letter written by a superintendent of schools specifying the applicant's position title, number of years of satisfactory administrative experience, types of certificates held, duties performed and quality of performance.

L. INTERMEDIATE UNIT EXECUTIVE DIRECTOR'S LETTER OF ELIGIBILITY

Applicant should follow the instructions provided for Administrative I Certificate requests. (see Section II-C) A college recommendation is not required.

The Letter of Eligibility experience recommendation must be a letter written by a superintendent of schools specifying the applicant's position title, number of years of satisfactory administrative experience, types of certificates held, duties performed and quality of performance.

M. INTERMEDIATE UNIT PROGRAM SPECIALIST CERTIFICATE AND SCHOOL PROGRAM SPECIALIST CERTIFICATE

SIDE A

Intermediate unit executive director or superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (6), and (17).

SIDE B

Applicant shall complete boxes (a) through (k) and (m) and have physician complete box (l). (See Section 1-C.) Intermediate unit executive director or superintendent of schools shall complete box (o).

A copy of the official Pennsylvania Department of Education letter approving the job description of the program specialist position must accompany the application form.

When requesting a School Program Specialist Certificate, a copy of the applicant's Pennsylvania Professional Certificate must be submitted with the application.

When requesting an I. U. Program Specialist Certificate, a copy of the applicant's Pennsylvania Certificate should be submitted, if the applicant holds certification.

A letter written by the intermediate unit executive director or superintendent of schools attesting that the applicant meets the academic and experience requirements established for the program specialist position must accompany the application form.

N. TEMPORARY LETTER OF CERTIFICATION

(for a Resource Specialist)

SIDE A

Superintendent of Schools shall complete boxes (1), (2), (3), (4), (5), (6), (8), and (17).

SIDE B

Applicant shall complete boxes (a) and (m) and have physician complete box (l). (See Section 1-C).

Superintendent of Schools shall sign box (o). The superintendent must provide a letter stating that the applicant will serve part-time under the supervision of a certificated teacher and will not exceed 300 clock-hours during a school year.

O. EXCHANGE TEACHER

(Official educational credentials translated into the English language by an official interpreter must accompany the application.)

SIDE A

Superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (6), and (8).

(A Social Security Number can be obtained in advance for employment purposes.)

SIDE B

Applicant shall complete boxes (a) and (m) and have physician complete box (l).

Superintendent shall sign box (o).

In addition, the superintendent must provide a letter stating the name and regular assignment of the district employee who is participating in the exchange program. The superintendent also must provide copies of forms and letters pertaining to the exchange.

COMMONWEALTH OF PENNSYLVANIA · DEPARTMENT OF EDUCATION

B DEHE-280-APPLICATION FOR PROFESSIONAL PERSONNEL CERTIFICATE

DATE

DEHE-280 (4/78)

NOTE: Applications for certification originating at Pennsylvania teacher preparing institutions having program approval status need not be accompanied by transcripts. Applications originating from other sources must be accompanied by all credentials necessary to verify qualifications for certification (official transcripts and letters attesting to experience and competence.) Submit to Bureau of Teacher Certification, Department of Education, Box 911, Harrisburg, Pennsylvania 17126

LAST NAME | FIRST NAME | MIDDLE INITIAL | MR., MRS., MISS, MS

(a)

NAME OF RECOMMENDING COLLEGE OR UNIVERSITY | SUBJECT AREA S. IN WHICH YOU HOLD PA. CERTIFICATION

(b) | (c)

NAME OF UNDERGRADUATE COLLEGE/UNIVERSITY | STATE | DATE GRADUATED | SUBJECT AREA(S) CURRENTLY TEACHING

(d) | (e)

NAME OF GRADUATE COLLEGE(S)/UNIVERSITY | STATE | DATE GRADUATED | SUBJECT AREA(S) REQUESTED

(f) | (g)

DO YOU HOLD A PA CERTIFICATE? IF "YES", SUBMIT COPY	TYPE OF CERTIFICATE HELD	TYPE REQUESTED (SEE SECTION II OF INSTRUCTIONS)	REQUESTING ADDITIONAL SUBJECT AREA?
(h) ☐ YES ☐ NO	(i)		☐ YES ☐ NO

HEALTH CERTIFICATE

I certify that I am a physician legally qualified to practice medicine in a state of the United States or its capital; that I have examined and find the above named applicant "neither mentally nor physically disqualified, by reason of tuberculosis or any other communicable disease or by reason of mental disorder from successful performance of the duties of a teacher" (School Code 1209) (MUST BE TUBERCULIN TEST OR X-RAY)

SIGNATURE OF EXAMINING PHYSICIAN | DATE | STATE IN WHICH LICENSED | PHYSICIAN NUMBER

(j)

ATTESTMENT OF APPLICANT

I certify that I am not in the habit of using narcotic drugs in any form or excessive amounts of intoxicating beverages (School Code 1209); am not currently under indictment nor have I been convicted of a criminal offense (if so, supply full information with application); and attest that all information in this application is correct.

SIGNATURE OF APPLICANT | DATE | AREA CODE AND TELEPHONE NUMBER

(m)

RECOMMENDATION OF SCHOOL SUPERINTENDENT

I confirm that the applicant is known and regarded by this school district as a person of good moral character and possesses those personal qualities and professional knowledge and skills which warrant issuance of the requested certificate.

(n)

I certify that the applicant was employed from _____ to _____ and performed satisfactorily on a (type) _____ certificate with primary assignment being * _____ (*If teacher, specify subject matter and grade level; all others, specify position and grade level.) If employe has had a number of positions with this or other school districts) or is performing in dual or multiple areas, enclose a separate statement of experience and service showing Period by inclusive dates, kind of certificate under which service was rendered and assignment (position and grade level).

SIGNATURE OF SCHOOL SUPERINTENDENT | NAME OF SCHOOL DISTRICT | ADDRESS

(o)

RECOMMENDATION OF PENNSYLVANIA COLLEGE OR UNIVERSITY

The endorsing signature (of dean of school or college of education or chairperson of the education department) confirms that the applicant is known and regarded by the preparing institution as a person of good moral character and possesses those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate.

(p) ☐ I certify that the applicant has been formally admitted to and is pursuing an approved program of preparation to qualify for a certificate in _____
SUBJECT(S) OR FIELD(S)

(q) ☐ I certify that the applicant has completed an approved program (certification regulation 49.68) to qualify for a certificate in _____
SUBJECT(S) OR FIELD(S)

SIGNATURE OF RECOMMENDING DEAN OR CHAIRPERSON OF EDUCATION DEPARTMENT

SIGNATURE | (r) NAME OF RECOMMENDING COLLEGE

UC 68

DEHE-280 (4/78) APPLICATION FOR PROFESSIONAL PERSONNEL CERTIFICATE

DO NOT COMPLETE APPLICATION UNTIL YOU READ INSTRUCTIONS
ACCURACY WILL AVOID DELAY OF CERTIFICATE ISSUANCE

A

LAST NAME | FIRST NAME | MI | PDE AND PA COLLEGE USE: TRANS CODE | 2 SOCIAL SECURITY NUMBER

1 MAILING ADDRESS (LINE #1)

1 MAILING ADDRESS (LINE #2)

1 CITY | STATE | ZIP CODE

PDE USE: N/C | CORRECTED SOCIAL SECURITY NUMBER | REV | S/C

3 BIRTHDATE: MON | DAY | YEAR

4 SEX: M | F

5 TYPE CERTIFICATE REQUESTED (SEE SECTION II OF INSTRUCTIONS)

6 HOLD COLLEGE DEGREE? YES | NO

7 PA. COLLEGE USE: RECOMMENDING COLLEGE CODE NUMBER

8 SCHOOL DISTRICT OR INTERMEDIATE UNIT ADMINISTRATIVE UNIT NUMBER

BOXES 9 - 16 TO BE COMPLETED BY PA COLLEGE OR UNIVERSITY OFFICIALS ONLY

9 TYPE | AREA | DATE ISSUED MON YEAR | PDE USE: R/C | R/Y

10 TYPE | AREA | DATE ISSUED MON YEAR | PDE USE: R/C | R/Y

11 TYPE | AREA | DATE ISSUED MON YEAR | PDE USE: R/C | R/Y

12 TYPE | AREA | DATE ISSUED MON YEAR

13 TYPE | AREA | DATE ISSUED MON YEAR | R/C | R/Y

14 TYPE | AREA | DATE ISSUED MON YEAR | R/C | R/Y

15 TYPE | AREA | DATE ISSUED MON YEAR | R/C | R/Y

16 TYPE | AREA | DATE ISSUED MON YEAR

17 HAVE YOU EVER HAD A CERTIFICATE REVOKED BY THIS OR ANY OTHER STATE? NO | YES — IF YES, PLEASE ATTACH EXPLANATION

FOR PDE USE: EVALUATOR

IF REQUESTING CHANGE OF NAME, PRINT FORMER NAME HERE

LAST | FIRST | MIDDLE

67

68

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APPLICATION TO PROGPAM VITAL

I, the undersigned, have read this application form and understand the conditions for acceptance, continuation, and completion of requirements in Program VITAL and wish to be included among those served:

_____
Signed

_____
Date

PROGRAM VITAL

Program VITAL is a vocational teacher education program designed for beginning vocational teachers (interns). They are helped to develop selected teaching skills by field resource persons from Temple University and resident resource persons from their schools. Assistance is provided at the schools in which they teach rather than at Temple University or a University Center. Each intern's program is tailor-made to his or her professional needs and each is helped to accept responsibility for progress toward teaching competence.

A new teacher can earn fifteen semester hours of credit in vocational professional education through Program VITAL and, upon successful completion of program requirements, a speech test and a three semester hour course in general education, he or she becomes eligible for Provisional Certification (Vocational I).

THE CONDITIONS

There are a number of conditions for acceptance and continuation in Program VITAL. They are as follows:

To be accepted into the program a candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania
b. Notify his or her local director of enrollement in the program.
c. Have applied for matriculation with Temple University (if no Bachelors Degree already earned).
d. Qualify for an intern teaching certificate
   1) Be a high school graduate or hold a GED diploma
   2) Complete an application to the certificate program at Temple University

THE CONDITIONS (continued)

3) Complete the occupational experience statement and have it notarized
4) Verify adequate occupational experience
5) Have applied for occupational competency test.

To continue in Program VITAL, the candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania.
b. Register for no less than six semester hours of credit in Vocational Professional Education each semester.
c. Successfully complete at least six modules (equal to three semester hours of credit) each semester.
d. Seek and receive program counseling from his or her Temple University faculty advisor at least once each year.
e. Meet with a field resource person on an individual basis at least once a week.
f. Meet with a field resource person on a small group basis once a week, if requested.
g. Routinely use the teaching skills developed in Program VITAL.

To complete Program VITAL, the candidate is expected to:

a. Be recommended for professional certification by a local council of educators consisting of (1) an elected local teacher, (2) an appointed local administrator, and (3) a vocational teacher educator from Temple University.*
b. Successfully complete thirty modules. Present to a council of educators a half-hour sample video tape of teaching ability, and all products associated with completed modules.
c. Have earned fifteen semester hours of credit in Vocational Professional Education, three semester hours of general education, and have successfully passed the speech screening test.

* When an intern appears before a council of educators and does not receive its recommendation for provisional certification, the council will indicate in writing the reasons for withholding such recommendation. The intern is required to improve teaching performance in the areas indicated before another review can be scheduled. If the intern does not receive the council's recommendation and believes that ample evidence to justify its recommendation was presented, the intern may appeal this decision. Appeals should be made in writing to the Chairman of the Department of Vocational Education, Temple University.

Feedback

Compare your completed enrollment forms with the Model Forms given below. Your forms should be very close to duplicating the Model Forms.

MODEL FORMS

TEMPLE UNIVERSITY

DEPARTMENT OF VOCATIONAL EDUCATION — COLLEGE OF EDUCATION

OCCUPATIONAL COMPETENCY EVALUATION PROGRAM INFORMATION

PURPOSE

Temple University is authorized by the Pennsylvania Department of Education to administer the Occupational Competency Evaluation Examination to verify the minimum occupational competency required for all Vocational Instructional Certificates (Section 10-320, Chapter 10, of Regulations of the State Board of Education of Pennsylvania for Certification of Professional Personnel).

The Occupational Competency Examination must be taken by all vocational industrial education students before a vocational intern (initial) certificate can be awarded. The successful completion of this examination is a requirement for vocational certification in Pennsylvania. Persons who have taken the examination previously and who have failed must have the approval of the Chairman of the Department in which they are enrolled before being admitted to a second examination and have completed a minimum of 500 hours of additional experience in the occupation for which they are being evaluated.

REQUIREMENTS FOR ADMISSION TO EXAMINATION

Minimum qualification for admission to the competency examination are high school graduation or equivalent education, and sufficient wage earning experience beyond the learning period for the occupation. The occupation for which competency is to be verified must be one for which a vocational course has been approved by the Pennsylvania Department of Education. The applicant must be currently or previously enrolled in a vocational teacher education program.

1. Complete an 'Application for Occupational Competency Examination' form.
2. Verify education. Transcript of secondary school completion and/or GED scores must be on file with the Department of Vocational Education of Temple University.
3. Verify occupational experience. A notarized 'Record of Occupational Experience' and also letters from employers of the applicant must be on file with the Department of Vocational Education of Temple University. Employers' letters MUST BE SUBMITTED in accordance with the following instructions.
   a. The letter must be written on the business letterhead of the firm or employer and carry the date of writing.
   b. This letter must be mailed by the employer to the Department of Vocational Education.*
   c. The job title, dates of employment, hours worked per week, duties, responsibilities, and the reason for leaving must be indicated in the letter.
   d. The letter should indicate the degree of satisfaction the candidate rendered as an employee.
   e. The letter should be signed by an official of the firm, together with his official title.
   f. Verification of self-employment must include letters from suppliers whom you have dealt with over a period of years. Also, a statement by the applicant of the nature and extent of duties and responsibilities that he personally performed with the names and addresses of five (5) reliable sources who would be willing and able to verify such experience.
   g. In the area of Cosmetology or any of the Health Professions a copy of the applicant's state license is required.

(SEE OTHER SIDE FOR ADDITIONAL INFORMATION)

FEE

The fee for the initial evaluation and examination or reexamination is one hundred fifty dollars ($150). A 'late fee' of twenty-five dollars ($25) will be charged for applications including all supportive data provided after deadline date, but prior to examination or review date. A fee of three hundred dollars ($300) will be charged for examinations and/or evaluations requested on a day other than a regularly scheduled date. A check or money order (not cash) must accompany the application for admission to the examination. If the applicant fails to notify this office of inability to take a scheduled examination within 48 hours of the examination date, the fee is forfeited. If the application is not accepted, the full fee will be refunded.

EVALUATION AND EXAMINATION

The evaluation consists of all documentation outlined in 'Requirements for Admission to Examination', with emphasis on years of experience and abilities outlined in letters of reference.

The examination consists of a written and practical practical part. The examinations deal only with the skills and knowledge involved in occupation for which the candidate is being tested.

INSTRUCTIONS

Persons wishing to take the examination are asked to complete the return the application forms to Department of Vocational Education.*

You will receive an admission form designating where you are to report for each part of the examination. Persons should arrive at the place of examination well in advance of the hour scheduled.

For the written part of the examination, persons should bring a supply of pencils (not pens) and an eraser. All paper will be supplied by the examiner. One handbook, if available for the occupation being examined, may be used during the written examination. No notebook or the like is permitted. The examiner has the right to evaluate whether or not the handbook is properly applicable.

For the practical part of the examination, tools, machines and materials will be supplied by the examiner. When convenient, a person may bring his own tools; for example a draftsman may prefer to use his own instruments. If tools or instruments are brought in by the examinee, the school will not be responsible in case of loss.

INFORMATION AND APPLICATION FORMS

* All requests and correspondence should be made to:

Occupational Competency Testing Coord.
Department of Vocational Education
College of Education, Temple Universit
Philadelphia, PA 19122
ATTN: PAT JANISHECK

OCCUPATIONAL EXPERIENCE STATEMENT

Name (last - first - middle/maiden)
Watkins Jean

Address (no. - street - city - county - state - zip)
1617 N. Elm St., Upper Valley, Bucks, PA. 18776

FULL TIME EXPERIENCE

Employer (Name and Location)	Occupation	Nature of Work (What did you do?)	Period of Employment From Mo	From Yr	To Mo	To Yr	Total Yrs	Total Mos
Scotch-Sirloin Restaurant Scranton, Pa.	Asst. Chef	Aid in prep. of food	8	70	6	72	1	10
George Washington Inn Philadelphia, Pa.	Chef	Manage Kitchen function	7	72	7	73	1	—
The Ryah House Restaurant Clarks Summit, Pa.	Manager	Manage entire operation	7	73	9	75	2	2

PART TIME EXPERIENCE

Employer (Name and Location)	Occupation	Nature of Work (What did you do?)	Period of Employment From Mo	From Yr	To Mo	To Yr	Total Yrs	Total Mos

COMMONWEALTH OF PENNSYLVANIA, County of _____
Applicant personally appeared before me and being duly sworn according to law, deposes and says that foregoing statements are true and correct.

Must Be Notarized

Sworn and Subscribed before me this _____ day of _____, 19 __

Applicant's Signature
Jean Watkins

Applicant's Name (print or type)
Jean Watkins

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TEMPLE UNIVERSITY
COLLEGE OF EDUCATION
DEPARTMENT OF VOCATIONAL EDUCATION

APPLICATION FOR OCCUPATIONAL COMPETENCY EXAMINATION

Type or Print Clearly

Name Jean Watkins Phone (212) 767-5021 Date 8-20-80

Address 1617 N. Elm St (Street) Upper Valley (City) PA. (State) 18776 (Zip Code)

What is your trade? Cook / Chef years in trade 5

Have you taken an occupational exam before? No Occupation?

Are you currently teaching? No What School?

Have you been given assurance of employment? Yes What School? Upper Valley Tech

Upon completion of your occupational competency test, may we release the results to your employer or potential employer? YES ✓ NO

Signed Jean Watkins

NOTE! Your signature confirms that you have read this document completely.

CIRCLE the occupation you are expected to teach. Only ONE occupation should be circled.

Air Conditioning
Appliance Repair
Arch. Design Tech.
Automotive Body Repair
Automotive Mechanics
Baker
Brick Masonry
Building Mnt.
Building Trades Constr.
Business Machine Mnt.
Carpentry
Chemical Tech.
Civil Tech.
Commercial Art
Commercial Photography
Computer Tech.
Cook/Chef
Cosmetology
Custodial Services
Dental Assistant
Dental Lab. Tech.
Diesel Mechanics
Drafting, Arch.
Drafting, General
Drafting, Mech.
Dressmaking
Elect. Const./Mnt.
Elect., Industrial-Power
Electrical Technology
Electronics
Electronics Tech.
Fabric Mnt. Services
Health Assistant
Heating
Instrumentation Tech.
Machine Shop
Masonry
Material Handling
Mech.-Design Tech.
Medical Assistant
Medical Lab. Assistant
Metal Fabrication
Metallurgical Tech.
Millwork & Cabinetmaking
Painting & Decoration
Patternmaking
Plumbing
Power Sewing
Printing
Quantity Foods
Radio/TV
Refrigeration
Sheet Metal
Upholstering
Waiter/Waitress
Warehousing
Welding
Other (Specify)

Fee for the examination is $150. A 'late fee' of $25 will be charged for applications and supportive data provided after the deadline date. $300 will be charged for specially request examinations and/or evaluations. CHECK OR MONEY ORDER ONLY NO CASH, PLEASE!!!!
PAYABLE TO: TEMPLE UNIVERSITY

Return this application before:
IT IS THE APPLICANTS RESPONSIBILITY
TO VERIFY THAT ALL SUPPORTIVE DATA
IS COMPLETED !!!!
MAR 09 80

TO: Occupational Competency Testing Coord
Department of Vocational Education
College of Education, Temple Universi
Philadelphia, PA 19122
ATTN: PAT JANISHECK

VC 76

(INSTRUCTIONS FOR COMPLETING FORM ON OTHER SIDE)

TEST DATE _____

NOCTI REGISTRATION FORM

Telephone (Home) (212) 767-5021
(Business) — _____

1. NAME WATKINS JEAN
Last First M.I.

2. ADDRESS 1617 NELSON UPPER MARLEY MD 20774
Street City State Zip Code

3. SEX:
___ Male
✓ Female

4. DATE OF BIRTH (Numerals)
01 20 1950

5. SOCIAL SECURITY NUMBER
166 01 4728

6. RACE OR ETHNIC GROUP (Optional)
___ American Indian
___ Black/Afro-American/Negro
✓ Caucasian/White
___ Chicano/Mexican-American
___ Oriental/Asian-American
___ Puerto Rican
___ Other _____

7. ARE YOU NOW TEACHING? ___ Yes For ___ years
✓ No

LEVEL:
___ Sec.
___ Post-Sec.
___ Adult

8. EDUCATION:

	Number of years	Graduated Yes	Graduated No
High School	✓6	✓	___
Vocational School	___	___	___
Vocational Program	___	___	___
Technical High School	___	___	___
Community College	___	___	___
Four-year College	✓1	___	✓
Other _____	___	___	___

9. EXPERIENCE
TOTAL 5 years
Number of places worked 3
Longest time 2 years
Shortest time 1 years
Supervisory Experience 2 years
Number of workers supervised ___

10. NOCTI EXAMINATION YOU PLAN TO TAKE Food Prep TEST CODE # 017

11. TEST CENTER CODE # 033

12. SIGNATURE Jean Watkins Date 8/20/80

Fee Paid by: Candidate ___
Institute or Agency ___

Signed _____
Area Test Coordinator

PLEASE NOTE: RETURN the top sheet to the Institute Director,
GIVE candidate "Ticket of Admission"

- - - -

DIRECTIONS FOR COMPLETING REGISTRATION FORM

Please use a pen to fill out the registration form and print everything except your signature. Follow the instructions below carefully since it is most important that your file be complete and accurate. Most items are self-evident. However, we would like to call your attention to the following:

ITEM 3. **ADDRESS:** Print the address at which mail will reach you for at least the next six months. All correspondence with you will be directed to the address you list.

5. **SOCIAL SECURITY NUMBER:** Enter it accurately since it will identify all your records concerning the NOCTI Examination.

6. **SELF-DESCRIPTION:** You can omit this if you wish. This item is included only to determine if there is any racial or ethnic bias in the tests. Should you choose to answer, check the box next to the group that best describes you. If you are not in any of these categories, check the line "Other" and fill in the name of your group.

8. **EDUCATION:** If you attended a private trade school or an evening program, describe it as best you can on the line "Other". Fill in the rest of the data requested.

9. **EXPERIENCE:** Round out your years of experience to the date of the test administration.

10. **NOCTI EXAMINATION YOU PLAN TO TAKE:** Print name of examination and enter code number, using the following:

CODE	EXAMINATION	CODE	EXAMINATION	CODE	EXAMINATION
006	Air Conditioning & Refrigeration	018	Civil Technology	020	Machine Trades
001	Air Frame & Power Plant	026	Computer Technology	009	Masonry
012	Architectural Drafting	022	Cosmetology	023	Mechanical Technology
002	Auto Body Repair	004	Diesel Engine Repair	010	Plumbing
003	Auto Mechanic	008	Electrical Installation	019	Printing
025	Building Trades Maintenance	015	Electronics Communications	017	Quantity Food Preparation
024	Cabinet Making & Millwork	014	Industrial Electrician	011	Sheet Metal
007	Carpentry	016	Industrial Electronics	005	Small Engine Repair
		013	Machine Drafting	021	Welding

11. **TEST CENTER CODE:** Enter correct Test Center Code Number, using the following:

CODE	TEST CENTER	CODE	TEST CENTER	CODE	TEST CENTER
058	MINNESOTA, Duluth	021	KENTUCKY, Frankfort	033	PENNSYLVANIA, Philadelphia
001	ALABAMA, Montgomery	022	MASSACHUSETTS, Boston	033	PENNSYLVANIA, Pittsburg
002	ARKANSAS, Little Rock	028	MICHIGAN, Big Rapids	033	PENNSYLVANIA, University Park
005	CALIFORNIA, Los Angeles	048	MISSOURI, Columbia	035	SOUTH DAKOTA, Springfield
010	COLORADO, Fort Collins	019	MONTANA, Havre	054	TENNESSEE, Murfreesboro
046	CONNECTICUT, New Britain	051	NEBRASKA, Kearney	029	TEXAS, Richardson
012	FLORIDA, Tampa	020	NEW JERSEY, New Brunswick	045	UTAH, Logan
015	GEORGIA, Athens	056	NEW MEXICO, Portales	041	VERMONT, Montpelier
016	HAWAII, Honolulu	024	NEW YORK, Buffalo	031	VIRGINIA, Blacksburg
050	IDAHO, Pocatello	026	NEW YORK, New York City	052	VIRGINIA, Norfolk
049	ILLINOIS, Carbondale	027	NORTH DAKOTA, Wahpeton	042	WASHINGTON, Ellensburg
053	ILLINOIS, Chicago	030	OHIO, Columbus	043	WEST VIRGINIA, Montgomery
055	INDIANA, Lafayette	032	OKLAHOMA, Stillwater	047	WISCONSIN, Menomonie
018	IOWA, Ames	044	OREGON, Portland	057	WYOMING, Laramie

060 ALASKA, Anchorage 061 MISSISSIPPI, Hatties-burg 062 MISSISSIPPI, Mississippi State

13. **SIGNATURE:** Write your name as you normally do. DO NOT PRINT.

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TEMPLE UNIVERSITY of the Commonwealth System of Higher Education
DEPARTMENT OF VOCATIONAL EDUCATION — COLLEGE OF EDUCATION
Philadelphia, Pennsylvania 19122

NON-DEGREE APPLICATION FOR VOCATIONAL CERTIFICATION PROGRAM (Print or type)

Social Security No.	Name; last, first, middle/maiden	Birth date numerically mo. day yr.	Male / Female
166-01-4728	Watkins, Jean	7 20 50	___ / ✓

Home address - number, street, city, state, zip code: 1617 N. Elm St. Upper Valley, PA. 18776

Home phone with area code: (212) 767-5021

My occupation or Trade: Cook/Chef

Marital status: Single ✓ Married ___

This application is for year 19 80

Fall ✓; Spring ___; Summer ___

Kind of course enrolling for: Undergraduate ✓; Graduate ___; Both ___

Department enrolling in: Vocational Education

Are you a citizen of the United States of America? Yes ✓ No ___

Are you a resident of State of Pennsylvan: Yes ✓ No ___

RECORD OF EDUCATION: elementary, secondary, college or other post secondary

Name and location of school	Major Course	Diploma or Degree	Full time / Part time	Years attended: From	To	Total ti in year
Lincoln Elem School Upper Valley, Pa 18776	—	—	—	9/56	6/62	6
Jim Thorpe High School Upper Valley, PA 18776	Home Ec	Diploma	—	8/62	6/68	
Mansfield State College Mansfield, Pa. 176604	Home Ec.	None	Full	9/75	6/76	1

TEACHING EXPERIENCE: Public or private If you have never taught, write "None".

School District	Subject Taught	No. of years	Dates
(Public) Monroe School for Handicapped	Home Economics	2	8/76 - 8/78

Occupational competency evaluation requested in: Food Prep. - Cook/Chef

Have you previously been evaluated for occupational competency? Yes ___ No ✓ If yes, what occupation ___

Date ___ University ___

For Departmental use.

Signature of applicant: Jean Watkins

Date 8/20/80

Return this application to
DEPARTMENT OF VOCATIONAL ED.
College of Education . .
TEMPLE UNIVERSITY
Philadelphia, Pa. 19122

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Student number

71

NOTE: GRADUATES OF NON-PENNSYLVANIA COLLEGES/UNIVERSITIES MUST MAKE APPLICATION ON FORM DEHE-280A.

Detach this section from the application when mailing to: Bureau of Teacher Certification, Department of Education, Box 911, Harrisburg, Pennsylvania 17126

SECTION 1. GENERAL INFORMATION FOR COMPLETION OF DEHE-280.

A. The Commonwealth of Pennsylvania requires a nonreturnable fee for credential evaluation and processing of application. All requests for credential evaluation or certificate issuance must be accompanied by a fifteen dollar ($15.00) certified personal check or U.S. Postal Money Order made payable to: Commonwealth of Pennsylvania. Personal checks or cash cannot be accepted. No fee is required when requesting change of name only.

B. Incomplete or incorrectly completed applications will be returned to the sender.

C. The signature of an examining physician (side B-box I) is required on all applications for the initial Pennsylvania certificate. It is not required on subsequent applications.

D. The recommending college code (side A-box 7) should reflect the code number of the college or university recommending the applicant for his or her most recent certificate.

E. Boxes (9 to 16) contain the certificate type and subject area and are to be completed by authorized officials of Pennsylvania colleges or universities only.

F. Colleges or universities recommending an applicant who has completed an endorsement program may request certification only when the applicant holds an appropriate Instructional, Educational Specialist, Provisional or Permanent College Certificate. A copy of the qualifying certificate must accompany the application.

G. **Colleges and Universities with approved programs may:**

1. Recommend for the level I certificate only. Applicant and PDE will assume responsibility of conversion to level II, except the vocational instructional II, which requires an institutional recommendation.
2. Recommend an applicant for a Letter of Eligibility, an Administrative I or Supervisory I Certificate. However, the applicant must satisfy the experience requirement before the certificate is issued. Statements of verified and attested service should accompany the application form.

SECTION II. TYPE OF CERTIFICATE REQUESTS-FOR SIDES A and B.

The Instructional Certificate is issued to a person whose primary responsibility shall be direct contact with learners in teaching-learning situations. Example: classroom teacher, teacher of library science (librarian), reading specialist.

The Educational Specialist Certificate is issued to a person whose primary responsibility shall be to render professional service other than classroom teaching. Examples: guidance counselor, school nurse, dental hygienist, school psychologist, home and school visitor, instructional media specialist.

The Supervisory Certificate is issued to a person whose primary responsibility shall be to supervise and direct the pri-

The Supervisory Certificate is issued to a person whose primary responsibility shall be to supervise and direct the activities of professional and non-professional employees. Examples: supervisor of school guidance services, supervisor of science.

The Administrative Certificate is issued to a person whose primary responsibility shall be to direct, operate, supervise and administer the organizational and general education activities of a school. Examples: elementary or secondary principal, director of vocational education.

The Intermediate Unit Program Specialist Certificate is issued at the request of an employing intermediate unit to a person whose responsibility shall be to perform the duties and functions of a locally established professional position as set forth by a description of the position approved by the intermediate unit and the Secretary of Education. The program specialist certificate may be issued only for an area of service in which a certificate does not exist. The program specialist certificate is valid only for the position described in the approved position description and is not transferable to other intermediate units.

The School Program Specialist Certificate is issued at the technical school to a person whose responsibility shall be to perform the duties and functions of a locally established professional position as set forth by a description of the position approved by the local board of directors and the Secretary of Education. The program specialist certificate may be issued only for an area of service in which a certificate does not exist. This certificate may be issued only to persons who hold a valid Instructional or Education Specialist Pennsylvania Certificate. The program specialist certificate is valid only for the position described in the approved position description and is not transferable to other school districts.

The Letter of Eligibility is issued in lieu of a certificate to a person whose formal preparation and experience qualify the person for appointment and commissioning as a District Superintendent, Assistant District Superintendent, Intermediate Unit Executive Director and Assistant Intermediate Unit Executive Director.

The Application for Professional Personnel Certificate is composed of sides A and B. Instructions follow for each type of certificate or transaction desired.

A. INSTRUCTIONAL I OR EDUCATIONAL SPECIALIST I CERTIFICATE

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9). (Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a), (b), (d), (f) through (k) and (m) and have physician complete box (l). (See Section 1-C.)

Recommending dean or Department of Education chairperson of Pennsylvania college shall initial box (q) and complete boxes (r) and (s).

B. ADDITIONAL SUBJECT AREA

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5) and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9).

(Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a) through (k) and (m).

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Recommending dean or Department of Education chairperson of Pennsylvania college shall initial box (q) and complete boxes (r) and (s).

C. SUPERVISORY I AND ADMINISTRATIVE I CERTIFICATE

(Requires approved program completion and institutional recommendation.)

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson of Pennsylvania college shall complete boxes (7) and (9).

(Complete boxes (10 thru 16), if applicable.)

SIDE B

Applicant shall complete boxes (a) through (k) and (m). (See Section 1-C.)

A copy of the applicant's Pennsylvania professional certificate must be submitted. Recommending dean or Department of Education chairperson of Pennsylvania col-

The applicant must provide documentary evidence from a chief school administrator of the five (5) years of satisfactory experience required by regulation for the certificate requested.

D. INTERN CERTIFICATE

SIDE A

Applicant shall complete boxes (1), (2), (3), (4), (5), and (17).

Recommending dean or Department of Education chairperson shall complete boxes (7), (8) and (9).

SIDE B

Applicant shall complete boxes (a) through (k) and (m) and have physician complete box (l). (See Section 1-C.) Recommending dean or Department of Education chairperson shall initial box (p) and complete boxes (r) and (s).

E. VOCATIONAL INSTRUCTIONAL I CERTIFICATE

(Requires approved program completion and institutional recommendation.) Applicant and college official should follow the same instructions provided for Instructional I or Educational Specialist I Certificate requests. (See Section 11-A.)

F. CERTIFICATE CONVERSION

Example: Conversion of Intern Certificate to Instructional I Certificate.

SIDE A

Applicant shall complete boxes (1), (2), (3), and (5).

Recommending dean or Department of Education chairperson shall complete boxes (7) and (9).

SIDE B

Applicant shall complete boxes (a) through (k) and (m).

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Recommending dean or Department of Education chairperson shall initial box (q) and complete boxes (r) and (s).

G. EMERGENCY CERTIFICATE

(Official transcripts must accompany application.)

SIDE A

Superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (6), (8), and (17).

Remember: The Emergency Certificate is issued in one subject area only.

SIDE B

Applicant shall complete box (m) and have physician complete box (l). (See Section 1-C).

Superintendent of schools shall complete boxes (a), (c), (d), (e), (g), (h), (i), (j) and (o).

H. PERMANENT CERTIFICATE, CERTIFICATE RENEWAL AND MASTER'S EQUIVALENT CERTIFICATE

SIDE A

Applicant shall complete boxes (1), (2), (3) and (5).

SIDE B

Applicant shall complete boxes (a) through (k) and (m). (All official transcripts necessary to verify qualifications for certification and a copy of the applicant's Pennsylvania professional certificate must be submitted with application. Applicants for permanent certification, certificate renewal or the equivalent to a Master's Degree Certificate submitting "in-service credits" must provide a letter from their district superintendent attesting to the applicant's satisfactory completion of an in-service program including the number of "in-service credits" earned.)

Superintendent of schools shall complete boxes (n) and (o) in their entirety, except for certificate renewal. (Applicants for the Permanent College, Instructional II, Educational Specialist II, Permanent Standard, Supervisory II, or Administrative II Certificate must have completed three years of satisfactory experience on the certificate in the subject area requested.)

In cases where the applicant has completed experience in more than one school district, documentary evidence of the total number of years of satisfactory experience required for the certificate requested must accompany the application.

I. DUPLICATE CERTIFICATE AND SUBJECT AREA DELETION

SIDE A

Applicant shall complete boxes (1), (2), (3) and (5). Write the word "Duplicate" or "Deletion" in box (5).

SIDE B

Applicant shall complete boxes (a) through (k) and (m). Write the word "Duplicate" in box (j).

When requesting the deletion of a subject or area, the applicant must provide evidence that the Board of School Directors of the employing organization officially approved the requested deletion, or the applicant is not under contract to any Pennsylvania public school district at the time of request.

J. CHANGE OF NAME REQUEST (NO FEE REQUIRED)

SIDE A

Applicant shall complete boxes (1), (2), (3) and (5).

If you are requesting a "Name Change" only, write the words "Name Change Only" in box (5).

In addition, applicant shall present [illegible]

SIDE B

Applicant shall complete boxes (a) through (k, and (m).

If you are requesting a "Name Change" only, write the words "Name Change Only" in box (j). No fee is required when requesting a "Name Change" only. The applicant will receive a completely new certificate.

A copy of the applicant's Pennsylvania professional certificate must be submitted.

Superintendent of schools shall complete box (o) in its entirety.

(Note: Persons who are not currently employed by a school district must provide a notarized statement which attests to the fact that their name has been changed.)

K. DISTRICT SUPERINTENDENT'S LETTER OF ELIGIBILITY (Requires approved program completion and institutional recommendation.) Applicant and college official should follow the same instructions provided for Administrative I Certificate requests. (See Section II-C.) The Letter of Eligibility experience recommendation must be a letter written by a superintendent of schools specifying the applicant's position title, number of years of satisfactory administrative experience, types of certificates held, duties performed and quality of performance.

L. INTERMEDIATE UNIT EXECUTIVE DIRECTOR'S LETTER OF ELIGIBILITY

Applicant should follow the instructions provided for Administrative I Certificate requests. (see Section II-C) A college recommendation is not required.

The Letter of Eligibility experience recommendation must be a letter written by a superintendent of schools specifying the applicant's position title, number of years of satisfactory administrative experience, types of certificates held, duties performed and quality of performance.

M. INTERMEDIATE UNIT PROGRAM SPECIALIST CERTIFICATE AND SCHOOL PROGRAM SPECIALIST CERTIFICATE

SIDE A

Intermediate unit executive director or superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (8), and (17).

SIDE B

Applicant shall complete boxes (a) through (k) and (m) and have physician complete box (l). (See Section 1-C.) Intermediate unit executive director or superintendent of schools shall complete box (o).

A copy of the official Pennsylvania Department of Education letter approving the job description of the program specialist position must accompany the application form.

When requesting a School Program Specialist Certificate, a copy of the applicant's Pennsylvania Professional Certificate must be submitted with the application.

When requesting an I. U. Program Specialist Certificate, a copy of the applicant's Pennsylvania Certificate should be submitted, if the applicant holds certification.

A letter written by the intermediate unit executive director or superintendent of schools attesting that the applicant meets the academic and experience requirements established for the program specialist position must accompany the application form.

N. TEMPORARY LETTER OF CERTIFICATION

(for a Resource Specialist)

SIDE A

Superintendent of Schools shall complete boxes (1), (2), (3), (4), (5), (6), (8), and (17).

SIDE B

Applicant shall complete boxes (a) and (m) and have physician complete box (l). (See Section 1-C).

Superintendent of Schools shall sign box (o). The superintendent must provide a letter stating that the applicant will serve part-time under the supervision of a certificated teacher and will not exceed 300 clock-hours during a school year.

O. EXCHANGE TEACHER

(Official educational credentials translated into the English language by an official interpreter must accompany the application.)

SIDE A

Superintendent of schools shall complete boxes (1), (2), (3), (4), (5), (6), and (8).

(A Social Security Number can be obtained in advance for employment purposes.)

SIDE B

Applicant shall complete boxes (a) and (m) and have physician complete box (l).

Superintendent shall sign box (o).

In addition, the superintendent must provide a letter stating the name and regular assignment of the district employee who is participating in the exchange program. The superintendent also must provide copies of forms and letters pertaining to the exchange.

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF EDUCATION

B DEHE-280-APPLICATION FOR PROFESSIONAL PERSONNEL CERTIFICATE

DEHE-280 (4/78)

DATE

NOTE: Applications for certification originating at Pennsylvania teacher preparing institutions having program approval status need not be accompanied by transcripts. Applications originating from other sources must be accompanied by all credentials necessary to verify qualifications for certification (official transcripts and letters attesting to experience and competence). Submit to Bureau of Teacher Certification, Department of Education, Box 911, Harrisburg, Pennsylvania 17126

LAST NAME	FIRST NAME	MIDDLE INITIAL	MR. MRS. MISS. MS.
(a) Watkins	Jean		Miss

NAME OF RECOMMENDING COLLEGE OR UNIVERSITY			SUBJECT AREA(S) IN WHICH YOU HOLD PA. CERTIFICATION
(b) Temple Univ.	Pa.	—	(c) None
NAME OF UNDERGRADUATE COLLEGE/UNIVERSITY	**STATE**	**DATE GRADUATED**	**SUBJECT AREA(S) CURRENTLY TEACHING**
(d) None			(e) Food Preparation
NAME OF GRADUATE COLLEGE(S)/UNIVERSITY	**STATE**	**DATE GRADUATED**	**SUBJECT AREA(S) REQUESTED**
(f) None			(g) Food Preparation

DO YOU HOLD A PA. CERTIFICATE? IF "YES" SUBMIT COPY	TYPE OF CERTIFICATE HELD	TYPE REQUESTED (SEE SECTION II OF INSTRUCTIONS)	REQUESTING ADDITIONAL SUBJECT AREA?
(h) ☐ YES ☒ NO	(i) None	Intern	☐ YES ☒ NO (j)

HEALTH CERTIFICATE

I certify that I am a physician legally qualified to practice medicine in a state of the United States or its capital, that I have examined and find the above named applicant "neither mentally nor physically disqualified by reason of tuberculosis or any other communicable disease or by reason of mental disorder from successful performance of the duties of a teacher" (School Code 1209); (MUST BE TUBERCULIN TEST OR X-RAY)

SIGNATURE OF EXAMINING PHYSICIAN	DATE	STATE IN WHICH LICENSED	PHYSICIAN NUMBER
(l) Physicians Signature Required			

ATTESTMENT OF APPLICANT

I certify that I am not in the habit of using narcotic drugs in any form or excessive amounts of intoxicating beverages (School Code 1209); am not currently under indictment nor have I been convicted of a criminal offense (if so, supply full information with application), and attest that all information in this application is correct.

SIGNATURE OF APPLICANT	DATE	AREA CODE AND TELEPHONE NUMBER
(m) Jean Watkins	8/20/80	(212) 767-5012

RECOMMENDATION OF SCHOOL SUPERINTENDENT

I confirm that the applicant is known and regarded by this school district as a person of good moral character and possesses those personal qualities and professional knowledge and skills which warrant issuance of the requested certificate.

(n)

I certify that the applicant was employed from _____ to _____ and performed satisfactorily on a (type) _____ certificate with primary assignment being * _____ (*If teacher, specify subject matter and grade level; all others, specify position and grade level.) If employe has had a number of positions with this (or other school districts), or is performing dual or multiple areas, enclose a separate statement of experience and service showing. Period by inclusive dates, kind of certificate under which service was rendered and assignment (position and grade level).

Completed By School Superintendent

SIGNATURE OF SCHOOL SUPERINTENDENT	NAME OF SCHOOL DISTRICT	ADDRESS
(o)		

RECOMMENDATION OF PENNSYLVANIA COLLEGE OR UNIVERSITY

The endorsing signature (of dean of school or college of education or chairperson of the education department) confirms that the applicant is known and regarded by the preparing institution as a person of good moral character and possesses those personal qualities and professional knowledge and skill which warrant issuance of the requested certificate.

(p) ☐ I certify that the applicant has been formally admitted to and is pursuing an approved program of preparation to qualify for a certificate in _____ SUBJECT(S) OR FIELD(S)

(q) ☐ I certify that the applicant has completed an approved program (certification regulation 49.68) to qualify for a certificate in _____ SUBJECT(S) OR FIELD(S)

Completed By Temple University

SIGNATURE OF RECOMMENDING DEAN OR CHAIRPERSON OF EDUCATION DEPARTMENT

SIGNATURE — NAME OF RECOMMENDING COLLEGE

74 80

DEHE-280 (4/78) APPLICATION FOR PROFESSIONAL PERSONNEL CERTIFICATE

DO NOT COMPLETE APPLICATION UNTIL YOU READ INSTRUCTIONS
ACCURACY WILL AVOID DELAY OF CERTIFICATE ISSUANCE

A

LAST NAME: WATKINS

FIRST NAME: JEAN

MI: -

PDE AND PA COLLEGE USE
TRANS CODE

SOCIAL SECURITY NUMBER: 166014728

MAILING ADDRESS (LINE #1): 1617 N ELM ST

PDE USE:
N/C
CORRECTED SOCIAL SECURITY NUMBER
REV
S/C

MAILING ADDRESS (LINE #2): UPPER VALLEY

CITY: UPPER VALLEY
STATE: PA
ZIP CODE: 18776

3 BIRTHDATE: MON 07 DAY 20 YEAR 50

4 SEX: M ✓ F

5 TYPE CERTIFICATE REQUESTED (SEE SECTION II OF INSTRUCTIONS): Intern

6 HOLD COLLEGE DEGREE? YES NO

7 PA. COLLEGE USE RECOMMENDING COLLEGE
CODE NUMBER

8 SCHOOL DISTRICT OR INTERMEDIATE UNIT ADMINISTRATIVE UNIT NUMBER

75

BOXES 9 - 16 TO BE COMPLETED BY PA COLLEGE OR UNIVERSITY OFFICIALS ONLY

9 TYPE | AREA | DATE ISSUED MON YEAR

PDE USE: R/C | R/Y

10 TYPE | AREA | DATE ISSUED MON YEAR

PDE USE: R/C | R/Y

11 TYPE | AREA | DATE ISSUED MON YEAR

PDE USE: R/C | R/Y

12 TYPE | AREA | DATE ISSUED MON YEAR

13 TYPE | AREA | DATE ISSUED MON YEAR

R/C | R/Y

14 TYPE | AREA | DATE ISSUED MON YEAR

R/C | R/Y

15 TYPE | AREA | DATE ISSUED MON YEAR

R/C | R/Y

16 TYPE | AREA | DATE ISSUED MON YEAR

17 HAVE YOU EVER HAD A CERTIFICATE REVOKED BY THIS OR ANY OTHER STATE?

NO ☐ YES ☐ (IF YES, PLEASE ATTACH EXPLANATION)

FOR PDE USE:
EVALUATOR

IF REQUESTING CHANGE OF NAME, PRINT FORMER NAME HERE

LAST FIRST MIDDLE

APPLICATION TO PROGRAM VITAL

I, the undersigned, have read this application form and understand the conditions for acceptance, continuation, and completion of requirements in Program VITAL and wish to be included among those served:

Jean Watkins
Signed

8/20/80
Date

PROGRAM VITAL

Program VITAL is a vocational teacher education program designed for beginning vocational teachers (interns). They are helped to develop selected teaching skills by field resource persons from Temple University and resident resource persons from their schools. Assistance is provided at the schools in which they teach rather than at Temple University or a University Center. Each intern's program is tailor-made to his or her professional needs and each is helped to accept responsibility for progress toward teaching competence.

A new teacher can earn fifteen semester hours of credit in vocational professional education through Program VITAL and, upon successful completion of program requirements, a speech test and a three semester hour course in general education, he or she becomes eligible for Provisional Certification (Vocational I).

THE CONDITIONS

There are a number of conditions for acceptance and continuation in Program VITAL. They are as follows:

To be accepted into the program a candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania
b. Notify his or her local director of enrollement in the program.
c. Have applied for matriculation with Temple University (if no Bachelors Degree already earned).
d. Qualify for an intern teaching certificate
   1) Be a high school graduate or hold a GED diploma
   2) Complete an application to the certificate program at Temple University

THE CONDITIONS (continued)

3) Complete the occupational experience statement and have it notarized
4) Verify adequate occupational experience
5) Have applied for occupational competency test.

To continue in Program VITAL, the candidate is expected to:

a. Be employed as a vocational teacher in a public school in the eastern region of Pennsylvania.
b. Register for no less than six semester hours of credit in Vocational Professional Education each semester.
c. Successfully complete at least six modules (equal to three semester hours of credit) each semester.
d. Seek and receive program counseling from his or her Temple University faculty advisor at least once each year.
e. Meet with a field resource person on an individual basis at least once a week.
f. Meet with a field resource person on a small group basis once a week, if requested.
g. Routinely use the teaching skills developed in Program VITAL.

To complete Program VITAL, the candidate is expected to:

a. Be recommended for professional certification by a local council of educators consisting of (1) an elected local teacher, (2) an appointed local administrator, and (3) a vocational teacher educator from Temple University.*
b. Successfully complete thirty modules. Present to a council of educators a half-hour sample video tape of teaching ability, and all products associated with completed modules.
c. Have earned fifteen semester hours of credit in Vocational Professional Education, three semester hours of general education, and have successfully passed the speech screening test.

* When an intern appears before a council of educators and does not receive its recommendation for provisional certification, the council will indicate in writing the reasons for withholding such recommendation. The intern is required to improve teaching performance in the areas indicated before another review can be scheduled. If the intern does not receive the council's recommendation and believes that ample evidence to justify its recommendation was presented, the intern may appeal this decision. Appeals should be made in writing to the Chairman of the Department of Vocational Education, Temple University.

LEVEL OF PERFORMANCE: Your completed enrollment forms should be very close to duplicating the Model Forms. If you missed some points or have questions concerning the completion of the forms, check with your Resource Person.

LEARNING EXPERIENCE III

Enabling Objective After completing the required reading, demonstrate a knowledge of the requirements for obtaining a Baccalaureate Degree in Education at Temple University, with a Vocational Education emphasis.

Activity You will be reading the information sheet, Degree Requirements, pp. 80-104.

Optional Activity You may wish to interview an experienced advisor in the Vocational Education Department concerning the degree requirements for the Baccalaureate Degree in Education.

Activity You will be demonstrating knowledge of the requirements for obtaining a Baccalaureate Degree in Education, with a Vocational Education emphasis, by completing the Self-Check, pp. 106-108.

Feedback You will be evaluating your competency by comparing your completed Self-Check with the Model Answer, pp. 109-110.

Activity For information regarding the requirements for obtaining a Baccalaureate Degree in Education with Vocational Education emphasis, read the following information sheet.

DEGREE REQUIREMENTS

Few persons who enter Vocational teaching through the occupational experience route routinely consider earning a degree. Their concern is with meeting certification requirements which, to them, seem an insurmountable obstacle in and of itself. What they should consider, however, is that the certification program is an integral part of a degree program and the requirements for both can be met simultaneously. Further, that there are advantages to working toward meeting degree requirements while meeting those in the certification program. An important duty of a Resource Person is to make this fact clear to new students. Even though students seeking a degree are advised by members of the senior staff, you as a Resource Person, should understand certain aspects of the degree program.

Procedures For Enrolling Learners In Baccalaureate Programs

Prior to enrolling a learner in a Baccalaureate program, an advisor should conduct a preliminary learner needs assessment to determine how the learner's needs can be best met.

The advisor is also responsible for providing Temple University Brochures, if available, or for instructing the interested individual that such materials can be obtained from the Office of the Dean of Education, located on the second floor of Ritter Hall.

The Temple University Brochure presents pertinent information concerning the campus, students, educational programs, financial aid, and admission. The

Undergraduate Application for Admissions (Matriculation Form) and instructions for it's completion can be found in the brochure.

Once the Matriculation Form has been acquired, the learner should be instructed to carefully complete the form and return it to the advisor in order to verify that the application was correctly completed.

Upon inspection of the completed matriculation form, the advisor should instruct the applicant to forward the application, along with a check for the correct amount, to the Office of Undergraduate Admissions, Temple University, Philadelphia, PA 19122.

It should also be noted that the Data File Card, located in the Temple University Brochure, is part of the application and should be forwarded along with the application.

Advisors will remind applicants that transcripts of prior education, including high school certificate and records, must accompany the application.

Following is a sample copy of an Undergraduate Application for Admission.

We are glad you have decided to apply to Temple University. Please read the following instructions carefully, then fill out the application completely and accurately so that it might be evaluated as quickly as possible.

Instructions

If you are applying to Temple for the first time, either as a freshman or a transfer student, you must tear out and fill in the attached application. Be sure to include your:

1. **Social Security Number:** If you do not have a social security number you may apply for one at your nearest Social Security office.
2. **High School Code Number:** This number is assigned by the College Entrance Examination Board and is available at your high school.
3. **College and Curriculum Codes:** Temple University code numbers for degree programs are listed on the back of this page.
4. **$15 Application Fee:** Submit a check or money order only. This fee is not refundable.
5. **Data File Card:** located on back cover.

For further information about Temple's programs complete and return the request card on the last page of this booklet.

Freshman Applicants

Give the completed application, the $15 fee, the data file card, and the attached envelope to your counselor. In the envelope, along with the application and fee, your counselor should return to the Office of Undergraduate Admissions at Temple:

— your high school transcript
— all SAT/ACT scores
— a personal recommendation

Transfer Applicants

Please make arrangements to have transcripts of all high school and any college courses sent to:

Office of Undergraduate Admissions
103 Conwell Hall
Temple University
Philadelphia, PA 19122

Send your application, the $15 fee, and your data file card directly to the Admissions Office.

You Should Not File This Application If:

— You have applied to Temple within the last two years but did not attend.
In that case you should file a RENEWAL APPLICATION, which is available from the Admissions Office.

— You attended Temple before as a degree candidate.
In that case you should file a READMISSION APPLICATION, which is available from the dean of the college or school in which you were enrolled. The readmission application must be returned to the dean of that college.

— You have already earned a Bachelor's degree and would like to take courses in or obtain certification from the College of Liberal Arts, Education, or HPERD.
In that case you should file a SPECIAL STUDENT APPLICATION, which is available from the dean of the college in which you plan to enroll. This application should be returned to that dean.

Telephone Information

Here are some important telephone numbers that may be helpful in answering questions that are not answered in this booklet.

Office of Admissions	787-7201
Office of Financial Aid	787-8760
Office of International Services	787-7229
Office of Student Affairs	787-7188
Office of Student Housing	787-7223

For more specific information regarding your program area, you may use the request card for the comprehensive bulletin in the back of this booklet, or call:

College of Allied Health Professions	221-4800
School of Business Administration	787-7672
School of Communications and Theater	787-8421
Department of Criminal Justice	787-1376
School of Dental Hygiene	221-2929
College of Education	787-8011
College of Engineering Technology	787-7800
College of Health, Physical Education, Recreation and Dance	787-8701
Department of Horticulture and Landscape Design	643-1200
College of Liberal Arts	787-7986
College of Music	787-8301
School of Social Administration	787-7611
Tyler School of Art	224-7575

Campus Telephone Numbers

Ambler Campus	643-1200
Health Sciences Center	221-2000
Tyler School of Art	224-7575
Temple University Center City	787-1619

School/College Curriculum Code Sheet

Baccalaureate Degree Programs

10 Department of Criminal Justice (Main Campus only)
308 Criminal Justice

29 College of Allied Health Professions
001 Health Records Administration
002 Medical Technology
003 Nursing
004 Occupational Therapy
005 Physical Therapy

07 School of Business Administration
006 Accounting
032 Actuarial Science
503 Business Administration (evening only)
085 Computer and Information Sciences
007 Economics
008 Finance
111 Industrial Relations and Organizational Behavior
009 Insurance and Risk
010 Law and Business
011 Management
012 Marketing
015 Real Estate
016 Statistics
196 Undeclared

28 School of Communications and Theater
017 Journalism
018 Radio-Television-Film
019 Theater

05 College of Education
102 Art Education
020 Business Education (Voc. Ed.)
092 Distributive Education (Voc. Ed.)
022 Early Childhood Education
152 Elementary Education
353 English/Communications (Sec. Ed.)
024 Foreign Language (Sec. Ed.)
093 Industrial Arts Education (Voc. Ed.)
026 Industrial Education (Voc. Ed.)
027 Mathematics (Sec. Ed.)
028 Science (Sec. Ed.)
030 Social Studies (Sec. Ed.)

35 College of Engineering Technology
081 Architecture
090 Biomedical Engineering Technology
089 Civil Engineering/Construction Technology
082 Electrical Engineering Technology
091 Environmental Engineering Technology
853 General Engineering Technology
083 Mechanical Engineering Technology

06 College of Health, Physical Education, Recreation and Dance
033 Dance
094 Health Education
025 Physical Education
097 Recreation and Leisure Studies

09 College of Liberal Arts
760 American Studies
040 Anthropology
041 Art
042 Art History
985 Asian Studies
727 Biochemistry
043 Biology
044 Chemistry
045 Classical Culture (Latin and Greek)
087 Computer and Information Sciences
046 Economics
047 English
113 French
049 Geography
050 Geology
116 German
850 Hebrew
051 History
890 Italian
052 Mathematics
053 Music
972 Pan African Studies
054 Philosophy
055 Physics
056 Political Science
851 Portuguese
057 Psychology
759 Puerto Rican Studies
058 Religion
836 Russian
061 Sociology
144 Spanish
062 Speech
086 Urban Studies
983 Women's Studies
762 Undeclared

16 College of Music (Main Campus only)*
612 Composition
064 Music Education
065 Music History
986 Music Therapy
320 Performance
311 Theory
* See special admissions requirement (page 30)

34 School of Social Administration*
149 Child Care Training
031 Social Work
*See special requirements (page 31)

20 Tyler School of Art (Elkins Park Campus)*
682 Ceramics/Glass
071 Graphic Design
309 Metal Smithing
072 Painting (772 at Rome Campus)
767 Photography
073 Printmaking (773 at Rome Campus)
074 Sculpture (774 at Rome Campus)
310 Weaving
763 Undeclared
* See special admissions requirement (page 32)

Associate Degree Programs

10 Department of Criminal Justice
084 Criminal Justice

35 College of Engineering Technology (Main Campus only)
150 Building Construction Technology
077 Electronics Engineering Technology
095 Environmental Technology
078 Mechanical Engineering Technology

13 Horticulture-Landscape Design (Ambler Campus only)
079 Horticulture
080 Landscape Design

04 School of Dental Hygiene*
690 Dental Hygiene
* See special admissions requirements (page 22)

Certificate Programs

10 Department of Criminal Justice
084 Criminal Justice

34 School of Social Administration*
716 Child Care Training
*See special admission requirement on page 31

Campus Selection

Main Campus: All programs not specifically designated to be taught elsewhere are available at the Main Campus in Philadelphia.

Ambler Campus: A number of baccalaureate degrees are offered at this campus. Please consult the section on Ambler for a complete listing of degree programs and majors offered. See p. 10

Health Science Center: Only Dental Hygiene Students and juniors and seniors specifically admitted to the College of Allied Health Professions attend this campus.

Tyler School of Art: Only students who have been specifically admitted to study art at the Tyler School attend this campus.

TUCC: All advising, orientation, and most courses for degree requirements must be completed at the Main Campus. Students may take special interest courses at this campus.

Application Deadlines (Freshmen and Transfers)

Your application and all supporting credentials must be received by November 15 for January enrollment and June 15 for September enrollment, unless otherwise specified.

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Application

Office of Undergraduate Admissions
Temple University
Philadelphia, PA

APPLICANT

Social Security Number

Telephone: ( ) _____
Area Code

Name: _____
Last First Middle

Former Legal Name: _____
Name under which transcripts may have been filed previously (complete only if applicable)

Address: _____
Street City

_____
County State Zip Code

Citizenship: ☐ USA
☐ Other _____ _____
(Specify)

Birth Date: _____
Month Day Year

Sex: ☐ Male ☐ Female

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian or Alaskan ☐ Other _____ (Specify)

Division: ☐ Day ☐ Evening

Housing: ☐ Home ☐ Dorm ☐ Off-campus

Applying for semester beginning: September ☐ January ☐ 19 ___

Freshman ☐ Transfer ☐

HIGH SCHOOL

Name of High School: _____

Graduation Date: _____
Mo/Yr

Address: _____
City State Zip Code

CEEB High School Code Number

Dates you have taken/will take SAT or ACT _____ _____ _____
Mo Yr Mo/Yr Mo/Yr

Check this block if you are applying for the Early Admissions Program for High School Juniors ☐

If you did not graduate from high school, have you received a State Equivalency Diploma? YES ☐ NO ☐
Please submit a copy of your GED test scores and diploma.

Have you previously applied for admission to Temple University? YES ☐ NO ☐ _____
semester/year

If YES, have you attended Temple University? YES ☐ NO ☐ _____
semester/year

CURRICULUM AND CAMPUS

Please refer to the code sheet on p. 2 of this application and fill in the following information:

School/College _____ Code ☐☐
(Write the name of the school/college within the university that you wish to attend)

Curriculum _____ Code ☐☐☐

If you have a pre-professional interest, check the appropriate box below.

Pre-Dentistry ☐ Pre-Law ☐ Pre-Medicine ☐ Pre-Pharmacy ☐ Pre-Theology ☐

Campus Choice: (Be sure the curriculum you are applying for is offered at the campus you select.)

Main Campus ☐ Ambler Campus ☐ Tyler Campus ☐ Health Sciences Center ☐

COUNTY STATE FRN CITY SD FEE (E)T(R) FAT CL V M

TC TTC CA FA CS CR R F

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TRANSFER

List all colleges you have attended (including Temple) — Dates attended

Name _____ (City, State) _____ From ___/___ To ___/___

Name _____ (City, State) _____ From ___/___ To ___/___

Do you already have a bachelor's degree? YES ☐ NO ☐

If you have ever been dismissed from a college/university, please name the institution and explain why: _____

IMPORTANT List college courses currently in progress, including title, number and credits:

OTHER

Health Data: If you have any form of physical handicap which would require special arrangements for your school attendance (such as a wheel chair ramp, a reader for the blind) please describe below. This information is reported to the Office for the Disabled and does *not* affect the admissions decision. _____

Have you served in the Armed Forces of the United States? YES _____ NO _____

If YES, list dates of active duty: _____. Please submit a photocopy of your service record (DD214).

FAMILY

If you claim Pennsylvania as your legal residence:
How long have you lived continuously in Pennsylvania? _____ Years

Do your parents live in Pennsylvania? YES ☐ NO ☐ _____ Years

Father's Name: _____ Living ☐ Deceased ☐

Address: _____
(If different from applicant's)

Highest level of education: High School ☐ Four-year college ☐ _____ (specify)

Two-year college ☐ Graduate school ☐ _____ (specify)

Mother's Name: _____ Living ☐ Deceased ☐

Address: _____
(If different from applicant's)

Highest level of education: High School ☐ Four-year college ☐ _____ (specify)

Two-year college ☐ Graduate school ☐ _____ (specify)

Spouse's Name: _____ Living ☐ Deceased ☐

Address: _____
(If different from applicant's)

Highest level of education: High School ☐ Four-year college ☐ _____ (specify)

Two-year college ☐ Graduate school ☐ _____ (specify)

Has anyone in your immediate family received a degree from Temple University? YES ☐ NO ☐

Check all that apply: Parent ☐ Grandparent ☐ Brother/Sister ☐ Other _____ (Specify)

Indicate in the appropriate boxes below the number of years you participated in any schoo-related extra-curricular activity.

☐ Student Government	☐ Orchestra	☐ Varsity Sports	☐ Newspaper
☐ Art	☐ Choral	☐ Intramural Sports	☐ Yearbook
☐ Drama	☐ Band	☐ Other Sports(specify)	☐ Literary

☐ Others (specify) _____

Which of the activities listed do you plan to pursue in college?

_____

_____

List any offices held or special responsibilities below:

_____

_____

If you have participated in activities outside of school (for example: volunteer, religious, or community organizations) during the last four years, please list them below.

_____

_____

_____

List any scholastic distinctions, honors or any recognition of special talent you have received.

_____

_____

Please list below any jobs—including full-time, part-time, and summer work—that you have held during the past three years.

_____

_____

_____

If you are not attending school at the present time, please describe what you are doing.

_____

_____

_____

If you feel there is personal information that would help us to interpret your academic record, or to better understand you as an individual, please feel free to write it in the space provided below.

I understand that any misrepresentation of facts on this application may be cause for refusal of admission or dismissal if subsequently discovered.

I agree that all credentials submitted with this application shall be confidential and shall be disclosed only at the discretion of the Director of Admissions.

Applicant's Signature _____ Date _____

HIGH SCHOOL APPLICANTS: Give *completed* application, data file card, and $15 fee to college counselor for mailing with transcript and recommendation.

DATA FILE CARD

Please fill in this card completely and return it *with your application*. It serves to provide information about you until your application is ready for decision. **PLEASE PRINT.**

Last Name	First Name	Initial

Social Security Number

School or College selected (Liberal Arts, Business, etc.)

Curriculum selected (Biology, Math, etc.)

Semester for which you are applying

Year

For Official Use Only

Do not write within this space

Dataprecd _____
Freshman _____
Advanced _____
Transfer _____
Renewal _____
Other _____

Baccalaureate Degree Requirements

The Baccalaureate Degree requirements as set by the College of Education are as follows:

1. The interested individual must apply for admission and be formally accepted (matriculate) into the degree program.
2. One hundred twenty-eight (128) credits or more must be earned for graduation, forty-two (42) of which must be in General Education in accordance with the requirements established in the Advising Guide available from the Office of Academic Advising in the College of Education at Temple University.
3. The balance of coursework, eighty-six (86) credits must be taken in areas prescribed by the applicant's major Department or School, in this case the Vocational Education Department.
4. An application for graduation must be made in accordance with set procedures.

The purpose of the Advising Guide is to provide students with pertinent information concerning academic advising, placement testing, and requirements set by the College of Education.

Advisors are responsible for providing copies of the Advising Guide to advisees and for becoming familiar with the procedures and requirements stated within the Guide.

Following is a copy of the Academic Advising Guide.

OFFICE OF ACADEMIC ADVISING
COLLEGE OF EDUCATION
TEMPLE UNIVERSITY

ADVISING GUIDE

BE SURE TO READ THIS GUIDE CAREFULLY BEFORE YOUR ACADEMIC ADVISING APPOINTMENT AND RETAIN IT FOR FUTURE USE. It is intended to familiarize you in a general way with undergraduate education programs at Temple. For more detailed information on your proposed major, refer to the most current Temple University Bulletin and Course Guide. Read the curriculum information for the program in which you are interested. This material will help you and the adviser in making final course selections.

Academic Advising

At the time of your academic advising appointment adivsers will be available in your major field of interest. At the beginning of each semester, advisers' office hours will be posted on the Second Floor, Ritter Addition bulletin boards. Peer advisers are also available during the school year to help students. Your academic adviser will help you plan your curriculum, discuss requirements of your major, relate academic work to your future goals and raise with you the questions important in making intelligent choices in course selection. The adviser is also available to help you with problems affecting your academic life and to recommend other sources of aid. Advisers are familiar with the total University curriculum, rules, and procedures and give assistance to students not just at registration time but throughout the semester. Please utilize advisers during the early part of the semester (the first eight weeks).

For general information on advising, consult the Academic Advising Office located on the Second Floor, Ritter Addition.

Placement Testing

English Language Enrichment Center at Temple

The University regulation states that students who are admitted to Temple in a degree program are required to take the English Language Placement Tests. Compliance by each college is mandatory.

Freshmen:

For students entering as Freshmen, the testing is a two-step process. The first test is administered during New Student Orientation. The results of this test determine whether a student needs help in upgrading basic skills in reading, writing and speech. If upgrading is necessary, referral is made to the appropriate ELECT course or courses. These courses are to be included in your first semester roster (semester hour credits received for ELECT courses are not counted toward graduation).

The second is taken after a student has completed 45 semester hours of credit. The Sophomore Proficiency Examination is administered at this time to ensure that basic skills have been maintained. This is determined by the score on the test. If upgrading of skills is again necessary, Composition 45, a two-credit composition course will be required. The credits for this course will be counted toward graduation.

Transfers:

For persons entering Temple as a transfer student, transferring in 45 or more semester hours, the High Transfer Test will be administered

during New Student Orientation. (This is the same as the Sophomore Proficiency Examination.) As with the Sophomore student, if basic skills need upgrading (determined by the test score), Composition 45, the two-credit composition course, will be required and semester hours counted toward graduation. For students attending Temple in programs other than degree programs, the test will be administered at the time of their matriculation. Notification of the testing is mailed to the student at the appropriate time.

Mathematics Placement Test

All entering freshmen and transfer students will be required to take this test. If your program of study requires mathematics courses, the test results will be used by your adviser to aid you in the appropriate course selections.

Foreign Language Tests

All students who want to take a foreign language which they have studied previously should take this test. Results are also used for placement of students with deficiencies in foreign language credits. You may elect to take the test in French, German, Hebrew, Italian, Russian or Spanish.

College of Education

In their first two years, students planning to major in Education will take courses to complete the "General Education" core of 42 semester hours. Most General Education courses are offered by the College of Liberal Arts.

Course work is measured in credits or semester hours. For example, most courses are worth 3 or 4 credits or semester hours (s.h.). The normal roster totals 12 to 17 semester hours.

Freshmen take introductory courses unless placement tests indicate otherwise. Introductory courses are usually courses numbered 1 to 99, but there are exceptions--consult your adviser. Students may not take Arts and Sciences courses (Liberal Arts courses numbered 100-399) until all deficiencies are cleared. All students should carefully check the prerequisites for courses before rostering.

General Education Requirements

A Freshman roster should include some of the courses listed below and any deficiencies indicated on the student's letter of admission. The numbers indicate the number of semester hours that are required to satisfy the specific area.

In the case where a student is enrolled in an ELECT course, Composition 50 or any English course will be delayed until all ELECT courses are passed.

Required: 16-22 s.h.

English Composition--Composition 50 or equivalent. 4 s.h.
Any student who does not earn a grade of "C" or better must complete a second composition course with a grade of "C" or better. Credits for the second course may be applied to the category Other Electives.

English Literature or American Literature 3-4 s.h.
Because of their survey quality, suggested courses include English 81, 82, 83, 84, 85. Other courses under English may be accepted with the permission of the adviser.

Speech--14, 65, 70 2-4 s.h.
These are courses in public speaking. Additional courses in Speech may be applied to the category Other Electives.

Mathematics--5, 11, 53 or equivalents. 4 s.h.

Science 3-4 s.h.
One course selected from Biology, Botany, Chemistry, Geology, Physics or course designated Science or Physical Science (need not be a laboratory science).

Physical Education or Dance 2 s.h.
Recreational activity course(s) from department numbers 02002 or 02004.

Restricted Electives: 8-16 s.h.

one course — Art, Dance, Music, Theater or RTF — 2-4 s.h.
This category enhances the student's appreciation of "The Arts." This may be gained through an introduction, a history or a performance of the art itself.

one course — One course selected from the department of: — 2-4 s.h.
Foreign Languages, History, Philosophy, Religion or RTF 10 or 12, American Studies 55 or 100, and Freshman Interdisciplinary Studies.

two courses — Social Sciences — 4-8 s.h.
Two courses each from a different department--Anthropology, Economics, Geography, Political Science, Psychology, Sociology, Urban Studies or broad based courses entitled Social Science from American Studies, Freshman Interdisciplinary Studies, Pan African Studies and Topical Studies.

Other Electives: 4-18 s.h.

Additional courses selected from the offering of any one or more departments in the University outside the College of Education.

Upon completing the minimum 42 semester hours, students in Early Childhood Education or Elementary Education should select additional elective courses (including education electives), completing at least 55 semester hours before beginning the professional sequence.

The Undergraduate Handbook of Policies and Procedures will also be useful to you as you seek answers to the many questions that arise while you are in the College of Education.

Undergraduate programs offered by the College of Education include:

1. Art Education
2. Early Childhood Education and Elementary Education
3. Secondary Education
   a. English/Communications
   b. Foreign Language
   c. Mathematics
   d. Science
   e. Social Studies
4. Vocational Education
   a. Business Education
   b. Distributive Education
   c. Industrial Arts Education
   d. Industrial Education

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As previously implied, meeting the coursework requirements does not automatically qualify an individual for graduation. In order to graduate from Temple University, a student must secure a Graduation Information Sheet and a Graduation Application either from an advisor, his/her major department, or from the Graduation Secretary in the College of Education, Room 219 Ritter Addition.

The Application must be completed in accordance with the procedures stated on the Information Sheet.

Following are copies of the Graduation Information Sheet and the Graduation Application.

Graduation Application Attached

GRADUATION INFORMATION SHEET

1- Fill out one set of Application for Graduation Forms.

2- You must turn in the forms on or before the deadline stamped on the green and blue forms.

3- Directions for forwarding the application is located at the top of the forms.

4- You must clear all of your required "I's and "NR's" before graduation.

5- You will not graduate if you have any ELECT obligations or Admissions Deficiencies. Check with your advisor to make sure you are clear.

6- Make certain all transfer credits have been processed.

7- When adding credits for graduation, do not include ELECT or Math 1 credits into total. You must have 128 credits without these credits.

8- You must take the Speech Test if you are working towards certification. The schedule will be posted in the Dean's Office, as soon as we receive the information from the Speech Department.

9- If you do not receive your bill for the graduation fee by the beginning of January, please contact the Comptroller's Office at 787-7362, Room 115 Carnell Hall

10- You may pick up your diploma or have it mailed. The charge for mailing is $3.00.

11- Make sure you have no obligations to Paley or the IMC. If you do we can not release your diploma until cleared.

12- For anything concerning graduation contact, Emma Leftwich, Graduation Secretary at 787-8011, Room 219 Ritter Addition.

APPLICATION FOR JANUARY, 1980 GRADUATION
(Year)

PLEASE RETURN THIS APPLICATION TO THE GRADUATION SECRETARY, SECOND FLOOR, RITTER ADDITION.

RETURN BY OCT 05 1979

NAME (as you wish it on your diploma) SOCIAL SECURITY NUMBER _____

_____ STUDENT NUMBER _____
(Last) (First) (Middle)

MAIDEN NAME _____

PERMANENT ADDRESS _____
(Number and Street)

_____
(City) (State) (Zip Code)

TELEPHONE NUMBER (at time of graduation) _____

DEPARTMENT _____ CURRICULUM _____

SPECIAL AWARDS, HONORS, ETC.: _____

MEMBERSHIPS IN FRATERNITIES, CLUBS: _____

EXTRA CURRICULAR ACTIVITIES: _____

_____

HAVE YOU COMPLETED MOST OF YOUR DEGREE WORK IN THE DAY ___ OR EVENING ___ DIVISION?

ARE YOU MARRIED: ___ YES ___ NO

If yes, is your husband/wife/child graduating from Temple this semester?
___ YES ___ NO
If yes, what is his/her name _____:
In what is he/she majoring? _____

IF ANY OF YOUR PARENTS, GRANDPARENTS, BROTHERS, OR SISTERS GRADUATED FROM OR ATTENDED TEMPLE, FILL IN BELOW:

Who? _____
School in which registered: _____
Degree, if graduated: _____
Dates attended: _____
Current address: _____

HUMAN INTEREST STORY:

Is there a human interest story about the circumstances under which you have completed your work at Temple that would be interesting to the press or the public? For example, the kind of work you have done, responsibilities at home, length of time it has taken you to achieve this degree, etc.

COURSEWORK SUMMARY

I understand that I must file an application (Form DEHE 280) for Pennsylvania Teacher Certification. Forms are available in Ritter Hall 251.

RETURN THIS SHEET TO YOUR ADVISER BY OCT 05 1979

CURRICULUM _____

Day ___ Evening ___

1. _____
(Last) (First) (Middle)

Maiden Name _____

Social Security Number _____

Local Address _____

_____

Telephone Number _____

January, 19 80	
May, 19___	
August, 19___	

2. Required courses for which "I" or "NR" are listed on your transcript (you may not be graduated until these are removed):

DEPARTMENT AND NUMBER	TITLE	INSTRUCTOR	S.H.

3. Courses for which you are presently registered:

DEPARTMENT AND NUMBER	TITLE	INSTRUCTOR	S.H.

4. Number of semester hours passed at Temple to date: _____

5. Total semester hours accepted as transfer credit: _____

6. *Student's Signature _____ Date _____

THE OTHER SIDE OF THIS FORM IS TO BE COMPLETED BY YOUR ADVISER AND RETURNED TO THE DEAN'S OFFICE.

WARNING: A MINIMUM OF 128 SEMESTER HOURS IS REQUIRED FOR THE B.S. IN EDUCATION DEGREE!
A MINIMUM OF 30 SEMESTER HOURS MUST BE COMPLETED AT TEMPLE.

TO BE COMPLETED BY ADVISER:

7. Area(s) for Certification: _____

8. General Education requirements in which student is enrolled:

Courses: _____ S.H.

9. Professional Education requirements in which student is enrolled:

Courses: _____ S.H.

10. Notes (indicate if courses graded "I" or "NR" are required or elective.):

11. Student has completed and received grades for and/or transferred (Record directly from transcript.): _____ S.H.

Student is registered for: _____ S.H.

Courses with "I" or "NR" to be completed: _____ S.H.

Total (must be 128 or more semester hours): _____ S.H.

12. Recommended for Certification: Yes _____ *No _____

13. Adviser's Signature _____ Date _____

THIS FORM, COMPLETED ON BOTH SIDES, MUST BE RECEIVED IN THE DEAN'S OFFICE, SECOND FLOOR, RITTER ADDITION, NO LATER THAN NOV 16 1979 OR YOUR ADVISEE'S GRADUATION COULD BE IN JEOPARDY.

*If not recommended for certification, please list reason(s):

The Undergraduate Degree-Certification Program Advising Sheet was developed by the Department of Vocational Education at Temple University. This sheet includes all coursework requirements for both Certification and the Baccalaureate Degree in Education with emphasis in Vocational Education, allowing the advisor to more easily illustrate how meeting the certification requirements also moves a student closer to meeting the requirements for a degree.

These sheets are available from the secretary in the Department of Vocational Education and must be maintained by the advisor, for each advisee. This sheet provides an easy means for documenting learner progress.

Following is a copy of the Undergraduate Degree-Certification Program Advising Sheet.

Student Number

Social Security Number

TEMPLE UNIVERSITY

OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION

College of Education

Department of Vocational Education

Program of Industrial Education

UNDERGRADUATE DEGREE PROGRAM

CERTIFICATE PROGRAM

Last Name First

Home Address

Zip Code

Home Phone No.

Date Admitted

School School Phone

School Address

ADVISOR

GENERAL EDUC. (24 CERT - ~~48~~ 42 DEG)

CRS NO.	COURSE	CREDIT TEMPLE	CREDIT TRANSFER	CREDIT DATE
	HUMANITIES (6)			
Eng 10	Expository Writing			
	SOC. SCI. (6)			
Psy 1	Psychology			
	SCI. & MATH (6)			
	HUMAN PERF M (4)			
Spch	Speech			

GENERAL EDU. ELECTIVES (BALANCE OF 42)

PROFESSIONAL STUDIES (24 CERT - 33 DEG)

COURSE NUMBER	COURSE TITLE	CREDIT TEMPLE	CREDIT TRANSFER	CREDIT DATE
IE 101e	Introduction to T & I Education			
IE 102e	Shop Organization & Management			
IE 107e	Supervised Student Teaching	IE 203 VITAL		
IE 108e	Supervised Student Teaching	Pedagogical	Competence	
IE 303e	Principles of T & I Education			
IE 304e	Methods of T & I Education	IE 204 MASTERY		
IE 305e	Anal. Techniques, & Course Constr	Pedagogical	Competence	
IE 306e	Instructional Materials in T & I			
IE 211e	Measurement in T & I Education			
IE 212e	School & Occupational Safety			
IE 213e	Industry, Society & the School			
IE 214e	Field Experiences			
IE 215e	Vitalizing Instruction in T & I Ed			
IE 326e	Foundations of T&I Education			
VE 325e	Pers. Serv. in Voc. Educ.			
VE 328e	Conference Leadership			
VE 340e	Guidance in Voc. Educ.			

GENERAL ELECTIVES (6 Cert. 14 Deg)

GENERAL PROFESSIONAL (6 Cert - 9 Deg)

FD ED 201	Social Emphasis			
FD PSY 331	Principles of Learning			
FD PSY 341	Human Development			
TECHNICAL CONTENT (24 MAX CR)				

TRANSFER SCHOOLS

1 _____

2 _____

3 _____

4 _____

Student Signature

112

CERTIFICATION:

Gen Ed 24

Gen Prof 6

Ind Ed 24

Electives 6

TOTAL 60

The following is provided as a summary of the required coursework for the Baccalaureate Degree as outlined by the Undergraduate Degree-Certification Advising Sheet.

1.	General Education	42 S.H.
2.	Professional Studies	33 S.H.
3.	General Electives	14 S.H.
4.	General Professional	9 S.H.
	Subtotal	98 S.H.
5.	Technical Content	24 S.H.
	Subtotal	122 S.H.
6.	Credits to be taken from any of the above mentioned areas with approval of an advisor	6 S.H.
Total required for graduation		128 S.H.

It should be noted that the twenty-four (24) S.H. listed under Technical Content are available to those individuals who have successfully validated Occupational Competency. In order to appear on a Temple transcript and to be counted toward graduation these credits must be purchased by the student and can be done only after ninty (90) semester hours of coursework have been successfully completed.

Optional Activity ⇨ You may wish to continue your skill development by arranging an interview with an experienced advisor, in order to discuss the requirements for obtaining a Baccalaureate Degree in Education, with a Vocational Education emphasis.

Activity ⬆ The following items check your comprehension of the material in the information sheet, Degree Requirements, pp. 80-104. Each item requires a short essay type response. Please explain fully, but briefly.

SELF-CHECK

1. Discuss the advisor procedures for enrolling interested learners in Baccalaureate Programs.

2. Discuss the Baccalaureate Degree Requirements.

3. Discuss the purpose of the Advising Guide.

4. Discuss the purpose of the Unergraduate Degree Certification Program Advising Sheet.

5. Discuss the required conditions under which a degree candidate can receive 24 semester hours of credit for Technical Content to be counted towards graduation.

Feedback Compare your written responses on the Self-Check with the Model Answers given below. Your response need not exactly duplicate the model response; however, you should have covered the same major points.

MODEL ANSWERS

1. When enrolling learners in Baccalaureate Programs, an advisor should:
   a. conduct a preliminary learner needs assessment.
   b. provide a Temple University Brochure or inform learner where to get one.
   c. instruct the learner to carefully complete the Matriculation Form and Data File Card found in the brochure.
   d. instruct the learner to bring the completed application back for advisor verification.
   e. instruct the learner to forward the completed application and Data File Card, along with the check for the proper amount to the Undergraduate Admissions Office at Temple University.
   f. remind the applicant that all transcripts of previous education must accompany the application.
2. The Baccalaureate Degree requirements as set by the College of Education are:
   a. The interested student must matriculate.
   b. 128 credits of coursework are required, 42 of which must be in General Education.
   c. 86 of the 128 credits must be taken in areas prescribed by the student's major department.
   d. Completing an application for graduation is a prerequisite to actual graduation.

3. The Advising Guide is produced to provide learners with basic information concerning academic advising. It discusses the purpose for academic advising and the procedures to be followed in scheduling an advising session. The Guide also discusses required placement testing, such as the ELECT tests and the Mathematics Placement Test, and clearly states the General Education Requirements as set by the College of Education.

The Advising Guide also serves as an easy reference to be used by advisors in advising sessions.

4. The purpose of the Undergraduate Degree - Certification Advising Sheet is to illustrate the requirements for both vocational certification and the Baccalaureate Degree. This sheet enables an advisor to draw parallels between certification and degree requirements and can be used to illustrate such parallels to an advisee.

The sheet was also designed to be used as an easy means of documenting progress of both certification and degree candidates thus acting as a guide in individual advising sessions.

5. In order for a degree candidate to receive 24 credits in Technical Content, to be counted towards a degree, the candidate must:
   - successfully validate Occupational Competency.
   - complete 90 semester hours prior to receiving the 24 credits.
   - purchase the 24 credits in order for them to show up on a Temple transcript, to be used toward graduation.

LEVEL OF PERFORMANCE: Your completed Self-Check should have covered the same major points as the model responses. If you missed some points or have questions about any additional points you made, review the material in the information sheet, Degree Requirements, pp. 80-104, or check with your Resource Person.

LEARNING EXPERIENCE IV

Enabling Objective

After completing the required reading, demonstrate the ability to complete forms associated with the Baccalaureate Degree Program.

Activity

You will be reading the Case Study, pp. 112-113, and correctly completing the forms associated with the Baccalaureate Degree, pp. 114-122, for the learner described in the Case Study.

Feedback

You will be evaluating your competency by comparing your completed enrollment forms with the Model Forms, pp. 124-131.

Activity The following Case Study provides demographic information on a learner and describes two different situations encountered by the learner in his educational preparation. Read the demographic information, then correctly complete the forms presented in each situation, for the learner.

CASE STUDY

Demographic Information

Roy David Black	SS# - 185-42-9187
2801 Forge Place	Student# - 493706
Buckingham, PA 19010	Born - 9/22/50
Bucks County	PA resident since birth
(215) 794-5954	
Caucasian	

Education

Central Bucks H.S.	Main St., Doylestown, PA 19013
Received H.S. Diploma	5/68
Temple University	Broad & Columbia St., Phila., PA 19012

Attended as a non-degree vocational certification candidate meeting coursework requirements for Permanent Certification, from 8/73 to 9/79.

Health	No disabilities
Military	Never served in Armed Forces
Family	
Father	Raymond Black, living, 28 Main St., Doylestown, PA 19013, PA resident since birth, H.S. Diploma

Mother	Doris Black, living, same address, PA resident since birth, H.S. Diploma
Marital Status	Single
Activities	VICA (Vocational Industrial Clubs of America) advisor. Member Midway Volunteer Fire Co. Boy Scout Troop 707 Leader. President of local Little League Baseball Assn.

Situation I

Roy, a fifth year welding instructor at East Vocational School, had completed the requirements for his Permanent Certificate in September of 1979.

While meeting with his advisor, Roy decided that he would like to enter a degree program at Temple University, in January of 1980, to pursue a Baccalaureate Degree in Education with Vocational Education emphasis.

In response to Roy's decision, his advisor provided a Temple University Brochure, explaining the procedures for enrollment into the Baccalaureate Program.

Roy decided to complete the matriculation form at home and return the following week for verification by his advisor.

Complete the following matriculation form for Roy Black.

We are glad you have decided to apply to Temple University. Please read the following instructions carefully, then fill out the application completely and accurately so that it might be evaluated as quickly as possible.

Instructions

If you are applying to Temple for the first time, either as a freshman or a transfer student, you must tear out and fill in the attached application. Be sure to include your:

1. **Social Security Number:** If you do not have a social security number you may apply for one at your nearest Social Security office.
2. **High School Code Number:** This number is assigned by the College Entrance Examination Board and is available at your high school.
3. **College and Curriculum Codes:** Temple University code numbers for degree programs are listed on the back of this page.
4. **$15 Application Fee:** Submit a check or money order only. This fee is not refundable.
5. **Data File Card:** located on back cover.

For further information about Temple's programs complete and return the request card on the last page of this booklet.

Freshman Applicants

Give the completed application, the $15 fee, the data file card, and the attached envelope to your counselor. In the envelope, along with the application and fee, your counselor should return to the Office of Undergraduate Admissions at Temple:

— your high school transcript
— all SAT/ACT scores
— a personal recommendation

Transfer Applicants

Please make arrangements to have transcripts of all high school and any college courses sent to:

Office of Undergraduate Admissions
103 Conwell Hall
Temple University
Philadelphia, PA 19122

Send your application, the $15 fee, and your data file card directly to the Admissions Office.

You Should Not File This Application If:

— You have applied to Temple within the last two years but did not attend.
In that case you should file a RENEWAL APPLICATION, which is available from the Admissions Office.

— You attended Temple before as a degree candidate.
In that case you should file a READMISSION APPLICATION, which is available from the dean of the college or school in which you were enrolled. The readmission application must be returned to the dean of that college.

— You have already earned a Bachelor's degree and would like to take courses in or obtain certification from the College of Liberal Arts, Education, or HPERD.
In that case you should file a SPECIAL STUDENT APPLICATION, which is available from the dean of the college in which you plan to enroll. This application should be returned to that dean.

Telephone Information

Here are some important telephone numbers that may be helpful in answering questions that are not answered in this booklet.

Office of Admissions	787-7201
Office of Financial Aid	787-8760
Office of International Services	787-7229
Office of Student Affairs	787-7188
Office of Student Housing	787-7223

For more specific information regarding your program area, you may use the request card for the comprehensive bulletin in the back of this booklet, or call:

College of Allied Health Professions	221-4800
School of Business Administration	787-7672
School of Communications and Theater	787-8421
Department of Criminal Justice	787-1376
School of Dental Hygiene	221-2929
College of Education	787-8011
College of Engineering Technology	787-7800
College of Health, Physical Education, Recreation and Dance	787-8701
Department of Horticulture and Landscape Design	643-1200
College of Liberal Arts	787-7986
College of Music	787-8301
School of Social Administration	787-7611
Tyler School of Art	224-7575

Campus Telephone Numbers

Ambler Campus	643-1200
Health Sciences Center	221-2000
Tyler School of Art	224-7575
Temple University Center City	787-1619

School/College Curriculum Code Sheet

Baccalaureate Degree Programs

10 Department of Criminal Justice (Main Campus only)
308 Criminal Justice

29 College of Allied Health Professions
001 Health Records Administration
002 Medical Technology
003 Nursing
004 Occupational Therapy
005 Physical Therapy

07 School of Business Administration
006 Accounting
032 Actuarial Science
503 Business Administration (evening only)
085 Computer and Information Sciences
007 Economics
008 Finance
111 Industrial Relations and Organizational Behavior
009 Insurance and Risk
010 Law and Business
011 Management
012 Marketing
015 Real Estate
016 Statistics
196 Undeclared

28 School of Communications and Theater
017 Journalism
018 Radio-Television-Film
019 Theater

05 College of Education
102 Art Education
020 Business Education (Voc. Ed.)
092 Distributive Education (Voc. Ed.)
022 Early Childhood Education
152 Elementary Education
353 English/Communications (Sec. Ed.)
024 Foreign Language (Sec. Ed.)
093 Industrial Arts Education (Voc. Ed.)
026 Industrial Education (Voc. Ed.)
027 Mathematics (Sec. Ed.)
028 Science (Sec. Ed.)
030 Social Studies (Sec. Ed.)

35 College of Engineering Technology
081 Architecture
090 Biomedical Engineering Technology
089 Civil Engineering/Construction Technology
082 Electrical Engineering Technology
091 Environmental Engineering Technology
853 General Engineering Technology
083 Mechanical Engineering Technology

06 College of Health, Physical Education, Recreation and Dance
033 Dance
094 Health Education
025 Physical Education
097 Recreation and Leisure Studies

09 College of Liberal Arts
760 American Studies
040 Anthropology
041 Art
042 Art History
985 Asian Studies
727 Biochemistry
043 Biology
044 Chemistry
045 Classical Culture (Latin and Greek)
087 Computer and Information Sciences
046 Economics
047 English
113 French
049 Geography
050 Geology
116 German
850 Hebrew
051 History
890 Italian
052 Mathematics
053 Music
972 Pan African Studies
054 Philosophy
055 Physics
056 Political Science
851 Portuguese
057 Psychology
759 Puerto Rican Studies
058 Religion
836 Russian
061 Sociology
144 Spanish
062 Speech
086 Urban Studies
983 Women's Studies
762 Undeclared

16 College of Music (Main Campus only)*
612 Composition
064 Music Education
065 Music History
986 Music Therapy
320 Performance
311 Theory
* See special admissions requirement (page 30)

34 School of Social Administration*
149 Child Care Training
031 Social Work
*See special requirements (page 31)

20 Tyler School of Art (Elkins Park Campus)*
682 Ceramics/Glass
071 Graphic Design
309 Metal Smithing
072 Painting (772 at Rome Campus)
767 Photography
073 Printmaking (773 at Rome Campus)
074 Sculpture (774 at Rome Campus)
310 Weaving
763 Undeclared
* See special admissions requirement (page 32)

Associate Degree Programs

10 Department of Criminal Justice
084 Criminal Justice

35 College of Engineering Technology (Main Campus only)
150 Building Construction Technology
077 Electronics Engineering Technology
095 Environmental Technology
078 Mechanical Engineering Technology

13 Horticulture-Landscape Design (Ambler Campus only)
079 Horticulture
080 Landscape Design

04 School of Dental Hygiene*
690 Dental Hygiene
* See special admissions requirements (page 22)

Certificate Programs

10 Department of Criminal Justice
084 Criminal Justice

34 School of Social Administration*
716 Child Care Training
*See special admission requirement on page 31

Campus Selection

Main Campus: All programs not specifically designated to be taught elsewhere are available at the Main Campus in Philadelphia.

Ambler Campus: A number of baccalaureate degrees are offered at this campus. Please consult the section on Ambler for a complete listing of degree programs and majors offered. See p. 10

Health Science Center: Only Dental Hygiene Students and juniors and seniors specifically admitted to the College of Allied Health Professions attend this campus.

Tyler School of Art: Only students who have been specifically admitted to study art at the Tyler School attend this campus.

TUCC: All advising, orientation, and most courses for degree requirements must be completed at the Main Campus. Students may take special interest courses at this campus.

Application Deadlines (Freshmen and Transfers)

Your application and all supporting credentials must be received by November 15 for January enrollment and June 15 for September enrollment, unless otherwise specified. 124

Social Security Number

Telephone: ( )
Area Code

APPLICANT

Name
Last First Middle

Former Legal Name:
Name under which transcripts may have been filed previously complete only if applicable

Address:
Street City

County State Zip Code

Citizenship: ☐ USA ☐ Other _____ (Specify)

Birth Date: _____ (Month Day Year)

Sex: ☐ Male ☐ Female

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian or Alaskan ☐ Other _____ (Specify)

Division: ☐ Day ☐ Evening

Housing: ☐ Home ☐ Dorm ☐ Off-campus

Applying for semester beginning: September ☐ January ☐ 19 ___

Freshman ☐ Transfer ☐

HIGH SCHOOL

Name of High School: _____

Graduation Date: _____ (Mo Yr)

Address: _____ (City State Zip Code)

CEEB High School Code Number

Dates you have taken/will take SAT or ACT _____ (Mo Yr) _____ (Mo Yr) _____ (Mo Yr)

Check this block if you are applying for the Early Admissions Program for High School Juniors ☐

If you did not graduate from high school, have you received a State Equivalency Diploma? YES ☐ NO ☐
Please submit a copy of your GED test scores and diploma.

Have you previously applied for admission to Temple University? YES ☐ NO ☐ _____ (semester/year)

If YES, have you attended Temple University? YES ☐ NO ☐ _____ (semester/year)

CURRICULUM AND CAMPUS

Please refer to the code sheet on p. 2 of this application and fill in the following information:

School/College _____ Code ☐☐
(Write the name of the school/college within the university that you wish to attend)

Curriculum _____ Code ☐☐☐

If you have a pre-professional interest, check the appropriate box below.

Pre-Dentistry ☐ Pre-Law ☐ Pre-Medicine ☐ Pre-Pharmacy ☐ Pre-Theology ☐

Campus Choice: (Be sure the curriculum you are applying for is offered at the campus you select.)

Main Campus ☐ Ambler Campus ☐ Tyler Campus ☐ Health Sciences Center ☐

COUNTY STATE FRN CITY SD FEE (E)T(R) FAT CL V M

TC TTC CA FA CS CR R F

TRANSFER

List all colleges you have attended (including Temple) — Dates attended

Name — City State — From — To

Name — City State — From — To

Do you already have a bachelor's degree? YES NO

If you have ever been dismissed from a college/university, please name the institution and explain why: _____

IMPORTANT List college courses currently in progress, including title, number and credits:

OTHER

Health Data: If you have any form of physical handicap which would require special arrangements for your school attendance (such as a wheel chair ramp, a reader for the blind) please describe below. This information is reported to the Office for the Disabled and does *not* affect the admissions decision. _____

Have you served in the Armed Forces of the United States? YES _____ NO _____

If YES, list dates of active duty: _____. Please submit a photocopy of your service record (DD214)

FAMILY

If you claim Pennsylvania as your legal residence:
How long have you lived continuously in Pennsylvania? _____ Years

Do your parents live in Pennsylvania? YES ☐ NO ☐ _____ Years

Father's Name: _____ Living ☐ Deceased ☐

Address: _____
(If different from applicant's)

Highest level of education: High School ☐ Four-year college ☐ _____
(specify)
Two-year college ☐ Graduate school ☐ _____
(specify)

Mother's Name: _____ Living ☐ Deceased ☐

Address: _____
(If different from applicant's)

Highest level of education: High School ☐ Four-year college ☐ _____
(specify)
Two-year college ☐ Graduate school ☐ _____
(specify)

Spouse's Name: _____ Living ☐ Deceased ☐

Address: _____
(If different from applicant's)

Highest level of education: High School ☐ Four-year college ☐ _____
(specify)
Two-year college ☐ Graduate school ☐ _____
(specify)

Has anyone in your immediate family received a degree from Temple University? YES ☐ NO ☐

Check all that apply: Parent ☐ Grandparent ☐ Brother/Sister ☐ Other _____
(Specify)

Indicate in the appropriate boxes below the number of years you participated in any schoo-related extra-curricular activity.,

☐ Student Government	☐ Orchestra	☐ Varsity Sports	☐ Newspaper
☐ Art	☐ Choral	☐ Intramural Sports	☐ Yearbook
☐ Drama	☐ Band	☐ Other Sports(specify)	☐ Literary

☐ Others (specify) _____

Which of the activities listed do you plan to pursue in college?

_____

_____

List any offices held or special responsibilities below:

_____

_____

If you have participated in activities outside of school (for example: volunteer, religious, or community organizations) during the last four years, please list them below.

_____

_____

_____

List any scholastic distinctions, honors or any recognition of special talent you have received.

_____

_____

Please list below any jobs—including full-time, part-time, and summer work—that you have held during the past three years.

_____

_____

_____

If you are not attending school at the present time, please describe what you are doing.

_____

_____

_____

If you feel there is personal information that would help us to interpret your academic record, or to better understand y as an individual, please feel free to write it in the space provided below.

I understand that any misrepresentation of facts on this application may be cause for refusa. of admission or dismissa if subsequently discovered.

I agree that all credentials submitted with this application shall be confidential and shall be disclosed only at the discretion of the Director of Admissions.

Applicant's Signature _____ Date _____

HIGH SCHOOL APPLICANTS: Give *completed* application, data file card and $15 fee to college counselor for mailing with transcript and recommendation.

DATA FILE CARD

Please fill in this card completely and return it with your application. It serves to provide information about you until your application is ready for decision. **PLEASE PRINT.**

Last Name | First Name | Initial

Social Security Number

School or College selected (Liberal Arts, Business, etc.)

Curriculum selected (Biology, Math, etc.)

Semester for which you are applying | Year

For Official Use Only

Do not write within this space

Dataprecd _____
Freshman _____
Advanced _____
Transfer _____
Renewal _____
Other _____

Situation II

Roy was formally accepted as a matriculated student and began taking course-work toward a degree in January of 1980.

In the spring semester, Roy realized that a course, similar to one which was required in his degree program, was being offered at Doylestown Community College.

The course being offered at the Community College was titled Speech 100 - Public Speaking. Roy thought that it would be very similar to Speech 70 - Public Speaking offered by Temple.

Rather than waiting for Speech 70 to be offered at Temple University, Roy decided that he would like to take the course offered at the Community College.

Roy secured the following Request for Permission to Take Work Elsewhere from his advisor.

Complete this form for Roy.

TEMPLE UNIVERSITY
of the Commonwealth System of Higher Education

COLLEGE OF EDUCATION

REQUEST FOR PERMISSION
TO TAKE WORK ELSEWHERE

(Print plainly the requested information)

Name (In full) ..... Last ..... First ..... Middle or Maiden

Permanent Address ..... Number and Street ..... City ..... State ..... Zip Code

Local or Dormitory Address ..... Zip Code

..... Student No. ..... Soc. Sec. No. ..... Date of first semester at Temple University

I request permission to take the following course(s) at:

..... (Name of College or University) during the ☐ summer ☐ fall semester ☐ spring semester of ..... Year

and to transfer it/them for courses in our curriculum as shown below:

COURSE(S) REQUESTED			TEMPLE EQUIVALENT
Dept. & Course No.	Descriptive Title	Sem. Hrs.	Dept. & Course No.

Reason for request: .....

1. I understand that these credits will be transferred to Temple University only upon the completion of the course(s) with a grade(s) of "C" or better.

2. I understand that permission is rescinded if my average at Temple University falls below 2.0 or I am placed on special probation.

3. I will request an official transcript to be forwarded from the institution attended to Dr. Rita J. Wolotkiewicz, Assistant Dean, College of Education.

Student — Please complete three copies of this form.

..... Student's Signature

Advisers — Please check appropriate responses.

1. For adviser of department/division in which student is currently registered.
   - ☐ I approve request
   - ☐ I do not approve request

   ..... Adviser's Signature

2. FINAL APPROVAL OF THE DEAN.
   - ☐ Request is approved
   - ☐ Request is not approved

   ..... Loretta J. Bradley, Assistant Dean

TU-CE-Form 2

Date 131

STUDENT'S COPY

Feedback

Compare your completed forms with the Model Forms given below. Your forms should be very close to duplicating the Model Forms.

Model Forms

I.

We are glad you have decided to apply to Temple University. Please read the following instructions carefully, then fill out the application completely and accurately so that it might be evaluated as quickly as possible.

Instructions

If you are applying to Temple for the first time, either as a freshman or a transfer student, you must tear out and fill in the attached application. Be sure to include your:

1. **Social Security Number:** If you do not have a social security number you may apply for one at your nearest Social Security office.
2. **High School Code Number:** This number is assigned by the College Entrance Examination Board and is available at your high school.
3. **College and Curriculum Codes:** Temple University code numbers for degree programs are listed on the back of this page.
4. **$15 Application Fee:** Submit a check or money order only. This fee is not refundable.
5. **Data File Card:** located on back cover.

For further information about Temple's programs complete and return the request card on the last page of this booklet.

Freshman Applicants

Give the completed application, the $15 fee, the data file card, and the attached envelope to your counselor. In the envelope, along with the application and fee, your counselor should return to the Office of Undergraduate Admissions at Temple:

— your high school transcript
— all SAT/ACT scores
— a personal recommendation

Transfer Applicants

Please make arrangements to have transcripts of all high school and any college courses sent to:

Office of Undergraduate Admissions
103 Conwell Hall
Temple University
Philadelphia, PA 19122

Send your application, the $15 fee, and your data file card directly to the Admissions Office.

You Should Not File This Application If:

— You have applied to Temple within the last two years but did not attend.
In that case you should file a RENEWAL APPLICATION, which is available from the Admissions Office.

— You attended Temple before as a degree candidate.
In that case you should file a READMISSION APPLICATION, which is available from the dean of the college or school in which you were enrolled. The readmission application must be returned to the dean of that college.

— You have already earned a Bachelor's degree and would like to take courses in or obtain certification from the College of Liberal Arts, Education, or HPERD.
In that case you should file a SPECIAL STUDENT APPLICATION, which is available from the dean of the college in which you plan to enroll. This application should be returned to that dean.

Telephone Information

Here are some important telephone numbers that may be helpful in answering questions that are not answered in this booklet.

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Office of Financial Aid	787-6760
Office of International Services	787-7229
Office of Student Affairs	787-7188
Office of Student Housing	787-7223

For more specific information regarding your program area, you may use the request card for the comprehensive bulletin in the back of this booklet, or call:

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School of Communications and Theater	787-8421
Department of Criminal Justice	787-1376
School of Dental Hygiene	221-2929
College of Education	787-8011
College of Engineering Technology	787-7800
College of Health, Physical Education, Recreation and Dance	787-8701
Department of Horticulture and Landscape Design	643-1200
College of Liberal Arts	787-7986
College of Music	787-8301
School of Social Administration	787-7611
Tyler School of Art	224-7575

Campus Telephone Numbers

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Health Sciences Center	221-2000
Tyler School of Art	224-7575
Temple University Center City	787-1619

School/College Curriculum Code Sheet

Baccalaureate Degree Programs

10 Department of Criminal Justice (Main Campus only)
308 Criminal Justice

29 College of Allied Health Professions
001 Health Records Administration
002 Medical Technology
003 Nursing
004 Occupational Therapy
005 Physical Therapy

07 School of Business Administration
006 Accounting
032 Actuarial Science
503 Business Administration (evening only)
085 Computer and Information Sciences
007 Economics
008 Finance
111 Industrial Relations and Organizational Behavior
009 Insurance and Risk
010 Law and Business
011 Management
012 Marketing
015 Real Estate
016 Statistics
196 Undeclared

28 School of Communications and Theater
017 Journalism
018 Radio-Television-Film
019 Theater

05 College of Education
102 Art Education
020 Business Education (Voc. Ed.)
092 Distributive Education (Voc. Ed.)
022 Early Childhood Education
152 Elementary Education
353 English/Communications (Sec. Ed.)
024 Foreign Language (Sec. Ed.)
093 Industrial Arts Education (Voc. Ed.)
026 Industrial Education (Voc. Ed.)
027 Mathematics (Sec. Ed.)
028 Science (Sec. Ed.)
030 Social Studies (Sec. Ed.)

35 College of Engineering Technology
081 Architecture
090 Biomedical Engineering Technology
089 Civil Engineering/Construction Technology
082 Electrical Engineering Technology
091 Environmental Engineering Technology
853 General Engineering Technology
083 Mechanical Engineering Technology

06 College of Health, Physical Education, Recreation and Dance
033 Dance
094 Health Education
025 Physical Education
097 Recreation and Leisure Studies

09 College of Liberal Arts
760 American Studies
040 Anthropology
041 Art
042 Art History
985 Asian Studies
727 Biochemistry
043 Biology
044 Chemistry
045 Classical Culture (Latin and Greek)
087 Computer and Information Sciences
046 Economics
047 English
113 French
049 Geography
050 Geology
116 German
850 Hebrew
051 History
890 Italian
052 Mathematics
053 Music
972 Pan African Studies
054 Philosophy
055 Physics
056 Political Science
851 Portuguese
057 Psychology
759 Puerto Rican Studies
058 Religion
836 Russian
061 Sociology
144 Spanish
062 Speech
086 Urban Studies
983 Women's Studies
762 Undeclared

16 College of Music (Main Campus only)*
612 Composition
064 Music Education
065 Music History
986 Music Therapy
320 Performance
311 Theory
* See special admissions requirement (page 30)

34 School of Social Administration*
149 Child Care Training
031 Social Work
*See special requirements (page 31)

20 Tyler School of Art (Elkins Park Campus)*
682 Ceramics/Glass
071 Graphic Design
309 Metal Smithing
072 Painting (772 at Rome Campus)
767 Photography
073 Printmaking (773 at Rome Campus)
074 Sculpture (774 at Rome Campus)
310 Weaving
763 Undeclared
* See special admissions requirement (page 32)

Associate Degree Programs

10 Department of Criminal Justice
084 Criminal Justice

35 College of Engineering Technology (Main Campus only)
150 Building Construction Technology
077 Electronics Engineering Technology
095 Environmental Technology
078 Mechanical Engineering Technology

13 Horticulture-Landscape Design (Ambler Campus only)
079 Horticulture
080 Landscape Design

04 School of Dental Hygiene*
690 Dental Hygiene
* See special admissions requirements (page 22)

Certificate Programs

10 Department of Criminal Justice
084 Criminal Justice

34 School of Social Administration*
716 Child Care Training
*See special admission requirement on page 31

Campus Selection

Main Campus: All programs not specifically designated to be taught elsewhere are available at the Main Campus in Philadelphia.

Ambler Campus: A number of baccalaureate degrees are offered at this campus. Please consult the section on Ambler for a complete listing of degree programs and majors offered. See p. 10

Health Science Center: Only Dental Hygiene Students and juniors and seniors specifically admitted to the College of Allied Health Professions attend this campus.

Tyler School of Art: Only students who have been specifically admitted to study art at the Tyler School attend this campus.

TUCC: All advising, orientation, and most courses for degree requirements must be completed at the Main Campus. Students may take special interest courses at this campus.

Application Deadlines (Freshmen and Transfers)

Your application and all supporting credentials must be received by November 15 for January enrollment and June 15 for September enrollment, unless otherwise specified.

Office of Admissions, Temple Ad...

185 42 9187
Social Security Number

Telephone: (215) 794-5954
Area Code

Name: Black (Last) Roy (First) David (Middle)

Former Legal Name:
Name under which transcripts may have been filed previously (complete only if applicable)

APPLICANT

Address: 2801 Forge Pl. (Street) Buckingham (City)
Bucks (County) Pa. (State) 19010 (Zip Code)

Citizenship: ☒ USA ☐ Other _____ (Specify)

Birth Date: 9 (Month) 22 (Day) 50 (Year)

Sex: ☒ Male ☐ Female

Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian or Alaskan ☐ Other _____ (Specify)

Division: ☐ Day ☒ Evening

Housing: ☐ Home ☐ Dorm ☒ Off-campus

Applying for semester beginning: September ☐ January ☒ 19 80

Freshman ☐ Transfer ☐

HIGH SCHOOL

Name of High School: Central Bucks H.S.

Graduation Date: 5-68 (Mo/Yr)

Address: Main St. (City) Doylestown (State) Pa. 19013 (Zip Code)

CEEB High School Code Number

Dates you have taken/will take SAT or ACT _____ (Mo Yr) _____ (Mo Yr) _____ (Mo/Yr)

Check this block if you are applying for the Early Admissions Program for High School Juniors ☐

If you did not graduate from high school, have you received a State Equivalency Diploma? YES ☐ NO ☐
Please submit a copy of your GED test scores and diploma.

Have you previously applied for admission to Temple University? YES ☐ NO ☒ _____ (semester year)

If YES, have you attended Temple University? YES ☐ NO ☐ _____ (semester/year)

CURRICULUM AND CAMPUS

Please refer to the code sheet on p. 2 of this application and fill in the following information:

School/College Education Code 05
(Write the name of the school/college within the university that you wish to attend)

Curriculum Industrial Education Code 086

If you have a pre-professional interest, check the appropriate box below.

Pre-Dentistry ☐ Pre-Law ☐ Pre-Medicine ☐ Pre-Pharmacy ☐ Pre-Theology ☐

Campus Choice: (Be sure the curriculum you are applying for is offered at the campus you select.)

Main Campus ☒ Ambler Campus ☐ Tyler Campus ☐ Health Sciences Center ☐

COUNTY	STATE	FRN	CITY	SD	FEE	(E)T(R)	FAT	CL	V	M

TC	TTC	CA	FA	CS	CR	R	F

TRANSFER

List all colleges you have attended (including Temple) — Dates attended

Name	City, State	From	To
Temple Univ.	Phila. PA.	8/73	9/79

Do you already have a bachelor's degree? YES ☐ NO ☒

If you have ever been dismissed from a college university, please name the institution and explain why: _____

IMPORTANT List college courses currently in progress, including title, number and credits:

OTHER

Health Data: If you have any form of physical handicap which would require special arrangements for your school attendance (such as a wheel chair ramp, a reader for the blind) please describe below. This information is reported to the Office for the Disabled and does *not* affect the admissions decision. _____

Have you served in the Armed Forces of the United States? YES ☐ NO ☑

If YES, list dates of active duty: _____. Please submit a photocopy of your service record (DD214).

If you claim Pennsylvania as your legal residence:
How long have you lived continuously in Pennsylvania? Since Birth Years

Do your parents live in Pennsylvania? YES ☒ NO ☐ _____ Years

FAMILY

Father's Name: Raymond Black Living ☒ Deceased ☐

Address: 28 Main St. Doylestown, Pa 19013
(If different from applicant's)

Highest level of education: High School ☐ Four-year college ☐ _____ (specify)
Two-year college ☐ Graduate school ☐ _____ (specify)

Mother's Name: Doris Black Living ☐ Deceased ☐

Address: 28 Main St. Doylestown, Pa. 19013
(If different from applicant's)

Highest level of education: High School ☒ Four-year college ☐ _____ (specify)
Two-year college ☐ Graduate school ☐ _____ (specify)

Spouse's Name: _____ Living ☐ Deceased ☐

Address: _____
(If different from applicant's)

Highest level of education: High School ☐ Four-year college ☐ _____ (specify)
Two-year college ☐ Graduate school ☐ _____ (specify)

Has anyone in your immediate family received a degree from Temple University? YES ☐ NO ☒

Check all that apply: Parent ☐ Grandparent ☐ Brother/Sister ☐ Other _____ (Specify)

Indicate in the appropriate boxes below the number of years you participated in any schoo-related extra-curricular activity

☐ Student Government	☐ Orchestra	☐ Varsity Sports	☐ Newspaper
☐ Art	☐ Choral	☐ Intramural Sports	☐ Yearbook
☐ Drama	☐ Band	☐ Other Sports(specify)	☐ Literary

☐ Others (specify) _____

Which of the activities listed do you plan to pursue in college?

_____

_____

List any offices held or special responsibilities below:

_____

_____

If you have participated in activities outside of school (for example: volunteer, religious, or community organizations) during the last four years, please list them below.

VICA (Vocational Industrial Clubs of America) Advisor
Midway Volunteer Fire Co. - member
Troop 707 - Group Leader - Boy Scouts of America
Little League Baseball Assn. (local chapter) President

List any scholastic distinctions, honors or any recognition of special talent you have received.

_____

_____

Please list below any jobs—including full-time, part-time, and summer work—that you have held during the past three years.

Full Time welding instructor at East Vocational School.

_____

_____

If you are not attending school at the present time, please describe what you are doing.

Teaching (see above)

_____

_____

If you feel there is personal information that would help us to interpret your academic record, or to better understand yo as an individual, please feel free to write it in the space provided below.

I understand that any misrepresentation of facts on this application may be cause for refusal of admission or dismissa if subsequently discovered.

I agree that all credentials submitted with this application shall be confidential and shall be disclosed only at the discretion of the Director of Admissions.

Applicant's Signature Roy David Blank Date 1/12/80

HIGH SCHOOL APPLICANTS: Give *completed* application, data file card, and $15 fee to college counselor for mailing with transcript and recommendation.

DATA FILE CARD

Please fill in this card completely and return it with your application. It serves to provide information about you until your application is ready for decision. **PLEASE PRINT.**

BLACK — Last Name

ROY — First Name

D — Initial

195 42 9187 — Social Security Number

For Official Use Only	
Do not write within this space	
Dataprecd	
Freshman	
Advanced	
Transfer	
Renewal	
Other	

Education — School or College selected (Liberal Arts, Business, etc.)

Ind. Ed. — Curriculum selected (Biology, Math, etc.)

Spring — Semester for which you are applying

80 — Year

II.

TEMPLE UNIVERSITY
of the Commonwealth System of Higher Education

COLLEGE OF EDUCATION

REQUEST FOR PERMISSION TO TAKE WORK ELSEWHERE

(Print plainly the requested information)

Name (In full) Black (Last) Roy (First) David (Middle or Maiden)

Permanent Address 2801 (Number and Street) Forge Pl. Buckingham (City) Pa. (State) 19010 (Zip Code)

Local or Dormitory Address 2801 Forge Pl. Buckingham Pa. 19010 (Zip Code)

4937066 (Student No.) 185-42-9187 (Soc. Sec. No.) Fall 1973 (Date of first semester at Temple University)

I request permission to take the following course(s) at:

Daylestown Comm.. College (Name of College or University) during the ☐ summer ☐ fall semester ☒ spring semester of 1980 (Year)

and to transfer it/them for courses in our curriculum as shown below:

COURSE(S) REQUESTED			TEMPLE EQUIVALENT
Dept. & Course No.	Descriptive Title	Sem. Hrs.	Dept. & Course No.
Speech 100	Speech (Public Speaking)	3	Speech 70

Reason for request: Wish to take course presently rather than waiting until it is offered at T.U

1. I understand that these credits will be transferred to Temple University only upon the completion of the course(s) with a grade(s) of "C" or better.

2. I understand that permission is rescinded if my average at Temple University falls below 2.0 or I am placed on special probation.

3. I will request an official transcript to be forwarded from the institution attended to Dr. Rita J. Wolotkiewicz, Assistant Dean, College of Education.

Student — Please complete three copies of this form.

Roy D. Black
Student's Signature

Advisers — Please check appropriate responses.

1. For adviser of department/division in which student is currently registered.
   - ☐ I approve request
   - ☐ I do not approve request

   Adviser's Signature

2. FINAL APPROVAL OF THE DEAN.
   - ☐ Request is approved
   - ☐ Request is not approved

   Loretta J. Bradley, Assistant Dean

TU-CE-Form 2

Date

STUDENT'S COPY

LEVEL OF PERFORMANCE: Your completed enrollment forms should be very close to duplicating the Model Forms. If you missed some points or have questions concerning the completion of the forms, check with your Resource Person.

LEARNING EXPERIENCE V

Enabling Objective After completing the required reading, critique a given Resource Person's performance in planning to conduct a certification orientation.

Activity You will be reading the information sheet, Planning a Certification Orientation, pp. 134-136.

Optional Activity You may wish to review the selected Professional Teacher Education Module listed as an optional reference for this Learning Experience, p. 3.

Optional Activity You may wish to continue your skill development by arranging to interview an experienced Advisor/ Resource Person concerning planning to conduct a certification orientation.

Activity You will be reading a Resource Person's Plan for Conducting a Certification Orientation, pp. 137-143, and writing a critique of the Resource Persons performance.

Feedback You will be evaluating your competency in critiquing the Resource Person's performance in planning a certification orientation by comparing your completed critique with the Model Critique, pp. 144-147.

Activity For information concerning planning a certification orientation, read the following information sheet.

PLANNING A CERTIFICATION ORIENTATION

A prime interest of beginning vocational instructors centers around vocational teacher certification. Knowledge of the requirements for and procedures to be followed in order to obtain the various vocational certificates enables the beginning vocational teacher to set short and long term professional goals. In the Department of Vocational Education at Temple University, it is the duty of Advisors and Resource Persons alike, to present this information in the most effective manner, so as to be completely understood by every beginning instructor.

Presentation of this material, by Resource Persons in the Competency-Based Teacher Education (CBTE) Program, has proven most effective in the small group meeting situation. However, many advisors choose to deliver on the topic of certification in a one-on-one advising session, with the beginning teacher. Either way, information to be conveyed to the teacher must be up-to-date, correct, and presented in the most appropriate manner, utilizing the best possible supporting materials. Developing a careful plan of action will help in doing just that.

The written plan, like any good lesson plan, must include what is to be accomplished, how it will be accomplished, and criteria for successful accomplishment. It will serve as a handy guide throughout the presentation.

A well planned presentation should bolster the presenter's confidence, provide learners with a sense of security, and give the general presentation a sense of purpose and direction.

Following is a suggested lesson plan format, found to be appropriate in planning an informational lesson plan.

LESSON PLAN FORMAT: INFORMATIONAL

Lesson Topic:

Objective:

Introduction:

Method:

Learning Activity:

Resources:

Evaluation:

Summary:

Optional Activity ⇨ At this point, you may wish to refer to the Professional Teacher Education Module Develop A Lesson Plan, listed as an optional reference for this Learning Experience, p. 3.

Optional Activity ⇨ You may wish to continue your skill development by arranging to interview an experienced Advisor/Resource Person concerning planning a certification orientation.

Activity The following lesson plan was prepared by a Resource Person. The plan is followed by a Resource Person Assessment Form relative to planning an informational lesson. Read the lesson plan and critique it, in writing, using the assessment form as a guide.

Resource Person's Plan For Conducting A Certification Orientation

Lesson Topic: Certification Orientation

Objective: Given an oral presentation on Vocational Teacher Certification, supplemented by written information sheets and informal discussion, the learner will complete a written test on the presented material. Each individual will self evaluate their performance on the test, based on information provided in the presentation.

Introduction: You have all recently registered in Vocational Teacher Certification programs. These programs are

10 minutes aimed at providing learners with basic teacher pedagogy necessary for success in the classroom. Completion of the prescribed coursework, will enable you to apply for the appropriate, state mandated, teaching certificate and possibly lead to a B.S. degree in Vocational Education.

Questions for Learners: (informal discussion)

1. Does anyone present hold a teaching certificate? Provide brief explanation.
2. Why does the state of Penna. require instructors to secure teaching certificates?

3. What are your feelings concerning the necessity for such certificates?

Knowing that instructional certificates are mandated by law, and having a firm belief in the rationale for them, should provide sufficient motivation for learners seeking them.

Knowing that various levels of certification exist, and what they are, is a great beginning, but how to get there is a bit more detailed. Knowledge and careful analysis of certification and degree requirements will aid you in setting short and/or long term professional goals and allow you to plan the best way to reach them.

This session will provide a detailed explanation of Vocational Certification as mandated by the state of Penna., offered through Temple University.

Upon completion of the presentation, you will be required to complete a written evaluation, covering the major points discussed. You will also self-evaluate your performance in this exercise based on the information presented. Exiting the session will depend on your answer to the following question: (on blackboard) Do you feel that you have sufficient knowledge and understanding of the Vocational Certification in order to set personal, professional, short and long term goals, and plan an appropriate course of action in order to meet them?

An answer of yes is required in order to exit the session. Any questions?

Method: Oral presentation (lecture) supplemented by information sheets, informal discussion, and study session

Learning Activities: Students will observe the oral presentation making reference to provided information sheet titled,

30 minutes Vocational Instructional Certification, pp. 6-37, of this module.

15 minutes Clarification of questions - informal discussion.

10 minutes Silent supervised study session reviewing information sheet.

Resources: Copies of information sheet, Vocational Instructional Certification, for all learners present.

Evaluation: Learners will individually complete a written test, without the aid of an information sheet. Self-evalua-

15 minutes tion will then be conducted by the learner comparing his/her written answers with information provided in the information sheet, Vocational Certification.

Summary: Resource Person or Advisor will conduct the summarizing activity individually with each learner by discus-

20-30 minutes sing performance on evaluation, providing clarification when necessary, and posing the exit question (on blackboard) to each learner. Learners not confident enough to answer yes, recycle through information sheet and evaluation.

Questions for evaluation:

1. Discuss the three levels of Vocational Teacher Certification (Intern, Voc I, Voc II), including the requirements for each.

2. Define matriculation. How does it relate to the non-degree and degree student?
3. Explain the ELECT program.
4. Discuss the term, Sufficient Occupational Experience.
5. Discuss the DEHE 280 Form.
6. Identify the purpose for the Speech Screening Test and the options available for meeting the test requirements.
7. Discuss renewal of the Provisional Certificate.
8. Explain the Masters Equivalency Certificate.
9. Identify and describe the two major approaches to vocational teacher education, offered by Temple University.
10. Discuss the Program VITAL and MASTERY contracts.

How effective was the Resource Person in planning to conduct a certification orientation session? Use the assessment form that follows as a guide for your critique; however, briefly explain your responses.

RESOURCE PERSON PERFORMANCE ASSESSMENT FORM

Plan to Conduct A Certification Orientation Session

Directions: Indicate the level of the Resource Person's accomplishment by placing an "X" in the appropriate box under the LEVEL OF PERFORMANCE heading. If, because of special circumstances, a performance component was not applicable or impossible to execute place an "X" in the N/A box.

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
1. There is a stated objective in the plan.						
2. The objective is stated in terms of single student behavior.						
3. The objective contains the conditions under which the objective will be achieved, and the criteria via which the achievement will be measured. . . .						
4. There is an introduction.						
5. The introduction contains information or techniques meant to motivate students and orient them to the lesson objective.						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
6. There is a statement in the plan indicating what methods, techniques, or learning experiences will be used to help students achieve the lesson objective.						
7. Students are given an opportunity to apply what they learned.						
8. The necessary content for the methods selected is included in the plan. . . .						
9. There is a summary.						
10. The summary contains information or techniques meant to pull loose ends together, restate major points, and relate the lesson to the objective . . .						
11. A method of evaluation is provided. . .						
12. Resources are included in the plan. . .						

Briefly explain your responses:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

Feedback

Compare your completed written critique of the Case Study with the Model Critique given below. Your responses need not exactly duplicate the model responses, however, you should have covered the same major points.

MODEL CRITIQUE

RESOURCE PERSON PERFORMANCE ASSESSMENT FORM

Plan to Conduct A Certification Orientation Session

Directions: Indicate the level of the Resource Person's accomplishment by placing an "X" in the appropriate box under the LEVEL OF PERFORMANCE heading. If, because of special circumstances, a performance component was not applicable or impossible to execute place an "X" in the N/A box.

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
1. There is a stated objective in the plan.						X
2. The objective is stated in terms of single student behavior.						X
3. The objective contains the conditions under which the objective will be achieved, and the criteria via which the achievement will be measured. . . .					X	
4. There is an introduction.						X
5. The introduction contains information or techniques meant to motivate students and orient them to the lesson objective.						X

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
6. There is a statement in the plan indicating what methods, techniques, or learning experiences will be used to help students achieve the lesson objective.						X
7. Students are given an opportunity to apply what they learned.						X
8. The necessary content for the methods selected is included in the plan. . . .						X
9. There is a summary.						X
10. The summary contains information or techniques meant to pull loose ends together, restate major points, and relate the lesson to the objective. . .						X
11. A method of evaluation is provided. . .						X
12. Resources are included in the plan. . .						X

MODEL CRITIQUE: (Continued)

1.-2. The Resource Person does include an objective, stated in terms of single student behavior, as part of the lesson plan.

3. The Resource Person does include, as part of the objective, the conditions under which the objective will be achieved (oral presentation, information sheets, informal discussion). However, the criteria by which achievement will be measured appears a little vague in this situation.

4.-5. A very good introduction has been included in the written plan. It very adequately orients students to the lesson objective and also motivates students through the use of oral questioning techniques. Also the criteria for assessment of the stated objective become more clear in the introduction.

6. The lesson plan does include numerous referral to the methods via which the students will achieve the lesson objective.

7. Application of what has been learned is provided in the method of evaluation.

8. Although no content section appears in the plan, the content for the methods selected is addressed in the Learning Activities Section.

9.-10. A very adequate summary is provided for in the written plan. Conducting an individual summary with each learner will allow the Resource Person to be certain that all presented information was thoroughly understood by every learner.

11. A method of evaluation was provided which facilitated self-evaluation by the learner.

12. A list of resources was appropriately included in the written plan.

This written plan appears to very adequately meet the criteria for planning an informational lesson plan. This plan could be used verbatim or modified to meet the needs of the Resource Person who wishes to plan a certification orientation.

LEVEL OF PERFORMANCE: Your completed critique of the Case Study should have covered the same major points as the model responses. If you missed some points, or have questions about any additional points you made, review the material in the information sheet, Planning A Certification Orientation Session, pp. 134-136, or check with your Resource Person.

LEARNING EXPERIENCE VI

Enabling Objective

Using the suggested informational lesson plan format from Learning Experience V, prepare a plan for instructing learners in the requirements for and procedures to follow in order to earn a Baccalaureate Degree at Temple University.

Activity

You will be writing a lesson plan for orienting learners to the requirements for and procedures followed to earn a Bachelors Degree. This written plan should be based on the lesson plan format and criteria provided in Learning Experience V.

Optional Activity

You may wish to interview an experienced Advisor/Resource Person in regards to planning a learner orientation of the requirements for and procedures followed to earn a Bachelors Degree.

Feedback

You will be evaluating your competency by comparing your completed written lesson plan with the Model Plan, pp. 150-153.

Activity

Prepare a written lesson plan aimed at orienting learners to the requirements for and procedures followed in order to earn a Bachelors Degree.

Optional Activity

At this point in your skill development, you may wish to interview an experienced Advisor/Resource Person concerning a plan for the orientation of learners to the requirements for and procedures to be followed in order to earn a Bachelors Degree.

Feedback

Compare your completed written lesson plan with the Model Plan given below. Your plan need not duplicate the Model Plan, however, your plan should contain the same lesson plan components and cover the same major points of information.

MODEL PLAN

Lesson Topic: Baccalaureate Degree Requirements

Objective: Given an illustrated talk on the requirements for the Baccalaureate Degree in Education with Vocational Education emphasis, the learner will be able to:

1. list the degree requirements as set by the College of Education
2. locate pertinant information in the Temple University Brochure
3. locate and correctly complete the Undergraduate Application for Admissions (Matriculation Forms), Data File Cards, and the Application for Graduation
4. identify the purpose of the Advising Guide and locate pertinant information in this guide

Introduction: 10 minutes

As intern vocational teachers, your major concerns at the present time probably center around meeting the certification requirements.

Questions for Learners:

1. Has anyone thought of going beyond meeting the certification requirements in pursuit of a B.S. degree in Education with a Vocational Education emphasis? Why?
2. What are the degree requirements as you understand them?
3. How are these requirements met?

4. How does one enroll in the B.S. program?
5. Does the certification program relate to the degree program? How?

At present these questions are probably unimportant to you. However, as you progress toward certification many of you will wish to know the answers. The purpose of tonight's session is to provide you with the answers to such questions.

Following an illustrated talk on the B.S. degree requirements you will be required to

1. list the degree requirements without error
2. locate pertinant information in the Temple University Brochure
3. locate and correctly complete the forms associated with the degree program
4. state the purpose of the Advising Guide and locate pertinant information in this guide

Method:

Overhead projector presentation
Illustrated Talk
Information Sheets (Handouts)
Informal Discussion

Learning Activity
40 minutes

1. Present Baccalaureate Degree Requirements on overhead. Discuss and provide clarification when necessary.
2. Present each learner with a copy of Temple University Brochure. Discuss purpose of brochure and Undergraduate Application for Admissions.

3. Present Matriculation Form on overhead - complete form. Address questions.

4. Present Data File Card on overhead - complete form. Address questions.

5. Present each learner with a copy of the Advising Guide. Silent review of the guide. Discuss and provide clarification when necessary.

6. Provide Graduation Information Sheet and Application. Review orally, provide clarification if necessary.

7. Provide each learner with a copy of the Undergraduate Degree-Certification Advising sheet. Discuss its purpose and relate certification program using this sheet. Clarify when necessary.

Resources and Materials:

1. Overhead projector

2. Transparencies of:
   a. B.S. degree requirements
   b. Matriculation Form
   c. Data File Card

3. Copies of the following for each learner:
   a. Temple University brochure including Matriculation form and Data File Card
   b. Advising Guide
   c. Graduation information sheet
   d. Graduation Application
   e. Undergraduate Degree - Certification Advising Sheet

Evaluation:
20 minutes

All learners are required to:

1. list the B.S. degree requirements as set by the College of Education
2. locate the Matriculation form and Data File Card and correctly complete each
3. Correctly complete the Application for Graduation
4. state in writing the purpose of the Advising Guide

Summary:
20 minutes

Individual Summary - Once individual learners complete evaluation, their completed evaluations will be presented to the Resource Person. At this time individual summaries of the session will take place based on the learners completed evaluations.

LEVEL OF PERFORMANCE: Your completed plan should have covered the same major points as the Model Plan. If you missed some points or have questions about any additional points you made, review the material in the information sheet, Degree Requirements, pp. 80-104, and/or Planning a Certification Orientation, pp. 134-136, or check with your Resource Person if necessary.

LEARNING EXPERIENCE VII

Terminal Objective

In an actual program situation, assist learners in obtaining the various vocational instructional certificates issued in Pennsylvania.

Activity

As you conduct your activities as an Advisor/Resource Person, you will be required to assist learners in obtaining the various vocational certificates issued in Pennsylvania. As you are approaching this point, determine the approximate day you will be advising learners. Your Resource Person may require you to schedule this activity at a time when he/she can be present and may also request that a written plan of your activities be submitted before you conduct the advising session.

Activity

As you assist learners in obtaining the vocational instructional certificates, document your actions (in writing, on tape, through a log) for assessment purposes.

Feedback

Arrange in advance to have your Resource Person review your documentation and observe you assisting learners. Your total competency will be assessed by your Resource Person, using the Resource Person Assessment Form, pp. 155-160. Based upon the criteria specified in this instrument, your Resource Person will determine whether you are competent in assisting learners to obtain vocational instructional certificates.

RESOURCE PERSON ASSESSMENT FORM

Assist Learners in Obtaining the Various Vocational Instructional Certificates Issued in Pennsylvania

Directions: Indicate the level of the Resource Person's (Advisor's) accomplishment by placing an X in the appropriate box under the LEVEL OF PERFORMANCE heading. If, because of special circumstances, a performance component was not applicable, or impossible to execute, place an X in the N/A box.

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
In preparation for assisting learners in obtaining the various vocational instructional certificates, the Resource Person (Adviser):						
1. Prepared a complete written plan to utilize as a guide for the advising session.						
a. There is a stated objective in the plan.						
b. An introduction was included.						
c. Appropriate learning experiences were developed.						
d. A summary was included. . . .						
e. A method for evaluation was developed.						
During that portion of an advising session that dealt with Intern Instructional Certification, the Resource Person (Adviser):						
1. Stated the conditions for intern certification.						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
2. Identified statutory requirements for intern certification.						
3. Explained trade competency test requirements.						
4. Outlined the procedure to obtain the intern certificate.						
5. Explained intern certificate expiration.						
6. Provided sufficient time for clarification and feedback.						
During that portion of an advising session that dealt with Vocational I Instructional Certification, the Resource Person (Adviser):						
1. Stated the conditions for Vocational I Certification.						
2. Stated the Vocational Education coursework requirements.						
3. Identified the General Education coursework requirements.						
4. Explained speech test requirements.						
5. Outlined the procedure to obtain the Vocational I Certificate. . . .						
6. Explained Vocational I Certificate Expiration.						
7. Explained Vocational I Certificate Renewal.						
8. Provided sufficient time for clarification and feedback.						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
During that portion of an advising session that dealt with the Vocational II Instructional Certification, the Resource Person (Adviser):						
1. Stated the conditions for the Vocational II Certification. . . .						
2. Stated the Vocational Education coursework requirements for the Vocational II Certification. . . .						
3. Stated the General Education coursework requirements for the Vocational II Certification. . . .						
4. Stated the General Elective coursework requirements for the Voational II Certification.						
5. Stated the General Professional coursework requirements for the Vocational II Certification. . . .						
6. Outlined the procedure to obtain the Vocational II Certificate. . .						
7. Provided sufficient time for clarification and feedback.						
If the advising session included enrolling learners in a Vocational Certification Program, the Resource Person (Adviser) should have:						
1. Conducted a preliminary needs assessment of the learner(s). . . .						
2. Instructed the learner(s) to complete the Trade Competency Test forms and return them to Temple University.						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
3. Instructed the learner(s) to complete an Occupational Experience Statement and have it notarized before returning it to Temple University.						
4. Informed the learner(s) that a check (specify amount) must accompany the completed Trade Competency Test Forms.						
5. Instructed the learner(s) to accurately complete an application for Vocational Certification. . . .						
6. Instructed the learner that a transcript verifying level of education must be forwarded to Temple University (both high school and post high school if applicable).						
7. Provide sufficient time for clarification and feedback.						
If the advising session included enrolling the learner(s) in Program VITAL or MASTERY, the Resource Person (Adviser) should have:						
1. Conducted a preliminary needs assessment of the learner(s). . . .						
2. Verified that an application to the Vocational Certification Program was accurately completed. . .						
3. Verified that all matriculation materials were accurately completed.						
4. Verified that a VITAL or MASTERY contract was read by the learner. .						
5. Provided clarification and feedback of the VITAL/MASTERY contract.						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
6. Returned the properly signed contract(s) to the program coordinator.						
During that portion of an advising session that dealt with the requirements for obtaining a Baccalaureate Degree in Education with Vocational Education emphasis, the Resource Person (Advisor):						
1. Stated the conditions for matriculation.						
2. Stated the Vocational Education coursework requirements for a B.S. Degree.						
3. Stated the General Education coursework requirements for the B.S. Degree.						
4. Stated the General Elective coursework requirements for the B.S. Degree.						
5. Stated the General Professional coursework requirements for the B.S. Degree.						
6. Identified the ELECT TEST requirements.						
7. Provided sufficient time for clarification and feedback.						
If the advising session included enrolling the learner(s) in a B.S. Degree Program, the Resource Person (Adviser) should have:						
1. Conducted a preliminary needs assessment of the learner(s). . . .						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
2. Obtained the proper forms from the Dean of Admissions.						
3. Instructed the learner(s) to properly complete and return the forms to Temple University.						
4. Informed the learner(s) that a check (specify amount) must accompany the application.						
5. Informed the learner that transcripts of prior education must accompany the application.						
6. Provided sufficient time for clarification and feedback.						

LEVEL OF PERFORMANCE: All items must receive N/A, GOOD, or EXCELLENT responses. If any item receives a NONE, POOR, or FAIR response, the Resource Person trainee/ Advisor and his/her Resource Person should meet to determine what additional activities the trainee needs to complete in order to reach competency in the weak area(s).

ABOUT USING RESOURCE PERSON MODULES

ORGANIZATION

Each module is designed to help you gain competency in a particular skill area considered important to success when functioning as a Resource Person. A module is made up of a series of learning experiences, some providing background information, some providing practice experiences, and others combining these two functions. Completing these experiences should enable you to achieve the terminal objective in the final learning experience. The final experience in each module always requires you to demonstrate the skill when functioning in the role of the Resource Person.

PROCEDURES

Modules are designed to allow you to individualize your preparation program. You need to complete only those modules covering skills which you do not already possess. Similarly, you need not complete any learning experiences within a module if you already have the skill needed to complete it. Therefore, before taking any module you should carefully review (1) the introduction (2) the objectives listed (3) the overview preceeding each learning experience, and (4) the final experience. After comparing your present needs and competencies with the information you have read in these sections, you should be ready to make one of the following decisions:

That you do not have the competencies indicated and should complete the entire module.

That you are competent in one or more of the enabling objectives leading to the final learning experience, and thus can omit that (those) learning experience(s).

That you are already competent in this area and ready to complete the final learning experience in order to **Test Out**.

That the module is inappropriate to your needs at this time.

When you are ready to take the final learning experience and have the opportunity to function in the role of Resource Person, make the necessary arrangements with your Resource Person. If you do not complete the final experience successfully, meet with your Resource Person and arrange (1) to repeat the experience (2) complete (or review) previous sections of the module or other related activities suggested by your Resource Person before attempting to repeat the final experience.

TITLE OF MODULES IN RESOURCE PERSON SERIES

- Conduct A CBTE Orientation Program
- Register Learners For CBTE Programs
- Provide Administrative Services
- Establish And Maintain Records In The VITAL Management Information System
- Select Appropriate Modules
- Conduct An Observation Session
- Conduct A Helping Conference
- Assist Learners In Obtaining The Various Vocational Instructional Certificates Issued In Pennsylvania
- Facilitate A Council Of Educators' Review
- Evaluate A Product Or Process Type Teaching Performance
- Monitor The Progress Of A Resident Resource Person
- Conduct A Small Group Meeting
- Instruct Others To Set-Up And Operate A Video System

For information regarding the availability of these modules, contact-

VEIN
Vocational Education Resource Services
Stayer Research and Learning Center
Millersville State College
Millersville, PA 17551